

# Population Reports



## GATHER Guide To Counseling

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**Counseling is one person helping another as they talk person-to-person. When you help a client make a decision or solve a problem, you are counseling.**

Through counseling, you help clients make choices that suit them. For example, some clients are choosing family planning methods. Other clients are deciding how to avoid sexually transmitted diseases. Young clients may be choosing whether to delay sexual activity. All these clients can make better decisions with your help.

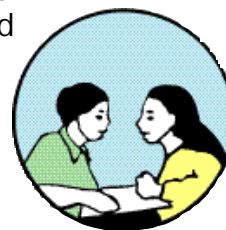
### Competent, Caring Counseling

Everyone can learn good counseling. You counsel clients well when you:

- Show that you understand and care about them. Build trust.
- Give clients useful, accurate information. Help them understand what this information means to them.
- Help clients to make their own choices, based on clear information and their own feelings, situation, and needs.
- Help them remember what to do.

If you offer good counseling, more clients will make healthy choices. Clients will use family planning longer and more effectively. More clients will be happy with their care. They will come back when they need help. They will tell other people good things about you and about family planning.

Counseling often has 6 elements, or steps. Each letter in the word GATHER stands for one of these elements. Good counseling is more than covering the



G — Greet  
A — Ask  
T — Tell  
H — Help  
E — Explain  
R — Return

GATHER elements, however. A good counselor also understands the client's feelings and needs. With this understanding, the counselor adapts counseling to suit each client.

Good counseling need not take a lot of time. Respect, attention to each client's concerns, and sometimes just a few more minutes make the difference.

## GATHER Counseling Works

Research shows that GATHER counseling works. When providers followed the GATHER approach, more clients chose family planning, and they used family planning longer. The more GATHER elements that counselors used, the more satisfied clients were with their care.

## How to Use This Counseling Guide

This Counseling Guide is for you, the reproductive health care provider. With this Guide, you can:

- Learn new things about counseling,
- Remember important counseling tips,
- Practice counseling skills,
- Remind yourself of important information for clients,
- Use pictures to help explain family planning methods,
- Teach others about counseling.

This Guide follows the order of the 6 GATHER elements. All 6 GATHER elements are explained briefly on pages 16 and 17. Also, each GATHER element has its own set of pages. These pages can be pulled out and used separately. For example, the **A** element (Ask) is covered on pages 5, 6, 27, and 28. Each GATHER element has its own color—for example, red for **A** (Ask). For the Tell, Help, Explain, and Return elements of GATHER, there are 2-page charts giving specific information about the major family planning methods.

The first **Population Reports** Counseling Guide has been used around the world for the past 10 years. This new Guide brings important medical information up to date. Also, it includes more guidance about counseling skills. The "Suggested Exercises" and "Suggested Discussions" will help you learn and practice. See page 18 for tips on teaching yourself. On various pages are "Key Words" that can help you find out and meet clients' needs quickly.

You may want to make changes or add information that suits your area or program. Please adapt this Guide as needed. More copies are available free of charge.



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# COUNSELING—

## *A Partnership for Decision-Making*

Counseling is a partnership of experts. The provider knows about family planning and other reproductive health care. The client knows more than anyone else about her or his own life, wants, and feelings. For successful counseling, these experts must share their knowledge.

This partnership has a purpose—to help the client make decisions or solve problems about family planning and other reproductive health matters.

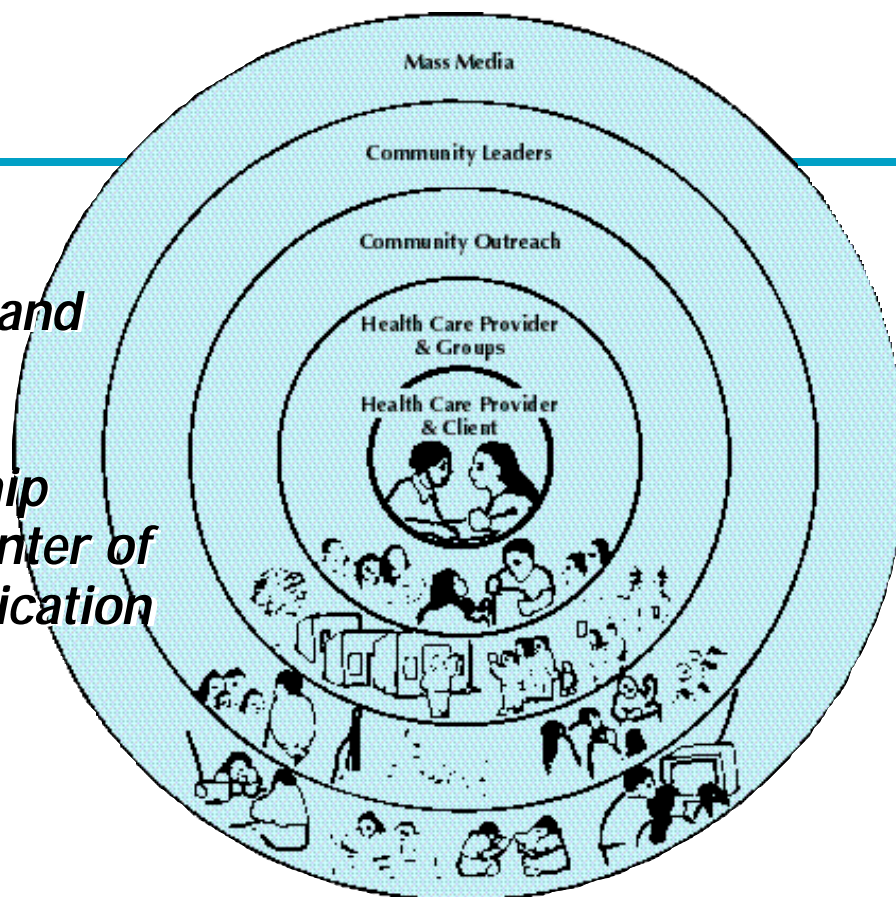
People carry out their own decisions best. This is why good counselors do not make clients' decisions for them. Instead, they *help* clients make their own decisions. Also, providers give advice on medical matters—for example, whether there is any medical reason that a client should not use a certain family planning method.

The client can make good decisions when the provider and the client share facts and feelings.

### *Sharing Facts and Feelings*

	<i>Share Facts</i>	<i>Share Feelings</i>
<b>Provider's Job</b>	<ul style="list-style-type: none"> <li>• Give clear, accurate information that the client wants and needs.</li> <li>• Help the client apply this information to her or his own life.</li> </ul>	<ul style="list-style-type: none"> <li>• Care for the client by showing understanding, respect, and honesty.</li> </ul>
<b>Client's Job</b>	<ul style="list-style-type: none"> <li>• Describe personal situation and health conditions.</li> <li>• Ask questions and make sure of understanding.</li> </ul>	<ul style="list-style-type: none"> <li>• Express attitudes, preferences, concerns, expectations, and wishes.</li> </ul>

### *Provider and Client— A Vital Partnership at the Center of Communication*



*Information about family planning and other reproductive health matters reaches people in many ways. The health care provider's face-to-face meeting with each client is at the center.*



# GREETING—

## *Make a Good Connection and Keep It*

*In good counseling, providers and their clients often go through a series of connected and overlapping steps. These steps can be remembered by the letters in the word "GATHER." The meaning of all 6 letters is explained on pages 16 and 17. G stands for "Greet."*

The provider's friendly, respectful greeting makes the client feel welcome. It makes a good connection between provider and client right from the start. A good connection builds trust, and clients rely on providers that they trust.

This good connection should be kept up. Throughout every visit, all clients deserve understanding, respect, and honesty from everyone they meet.

### **L** KEY WORDS FOR **G**REETING

Experienced health care providers know "key words." These words and phrases help put clients at ease. They help clients recognize and express their needs. They help clients make good decisions for themselves. Key words save time, too: They go quickly to the heart of the matter.

Here are some providers' "key words" for greeting clients. Of course, the right words may be different in different cultures.

*"Welcome to [name of health care facility or organization]. My name is [give name]. I am pleased that you have come."*

*"How can we help you today?" (Respond to the client's answer by explaining what will happen next. For example, you might say, "Have you visited us before? Please tell me your name so that we can give your records to the nurse." OR: "Please have a seat here. We will be able to help you in about [state how many minutes].")*

t **Suggested exercise:** What "key words" do you know? You can share them with your colleagues. Also, you can ask your colleagues for key words that they use.

### **How to make clients feel welcome**

- Make sure each client is greeted in a friendly, respectful way as soon as she or he comes in. The staff member who first greets clients should understand how important this job is.
  - Try to have places for clients to sit while they wait.
  - Make the waiting area cheerful and interesting. For example, you can find or make posters that give useful health information.
  - Have brochures and pamphlets for clients to look at.
  - Tell newcomers what to expect during their visit. This can be done in person, with pamphlets or signs (see page 32), and perhaps even with a videotape. Invite clients to speak up and ask questions whenever they want.
  - If a client will be examined or undergo a procedure, explain what will happen clearly and with reassurance.
  - Point out the staff member who can help if a waiting client needs something or has a question.
  - Be sure every client has privacy from being seen or heard by others during counseling and during any physical examination or procedure.
  - Tell clients that information about them and what they say will not be repeated to others (confidentiality).
  - Reassure and comfort clients if needed.
- t **Suggested exercise:** Try to name at least 2 more ways to make clients feel welcome.

### **New Handbook—Free!**

*The Essentials of Contraceptive Technology*, a 352-page handbook for clinic staff, an ideal companion to this Counseling Guide. Covers 11 major family planning methods, with additional chapters on counseling and on STDs. Endorsed by the World Health Organization and the US Agency for International Development.

Free to health care programs and providers in developing countries. For information and copies write to: Population Information Program, Johns Hopkins University School of Public Health, 111 Market Place—Suite 310, Baltimore, Maryland 21202, USA. Fax: (410) 659-2645  
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In *GATHER*, A stands for “Ask.” The provider **questions effectively** and **listens actively** to the client’s answers.

### Why ask questions?

- To learn why the client has come.
- To help the client express needs and wants.
- To help the client express feelings and attitudes, and so to learn how the client feels.
- To help the client think clearly about choices.
- To show the client that you care.
- To learn the client’s knowledge and experience with family planning and other reproductive health.
- To learn about behavior and situations that could affect the client’s reproductive health and health choices.

You may need to ask all clients certain questions for your records. But the most important questions bring out what clients really want and how they feel. The best questions lead to answers that suggest more questions—like conversation between friends. No list of standard questions suits all clients.

### How can you “question effectively”?

- Use a tone of voice that shows interest, concern, and friendliness.
- Use words that clients understand.
- Ask only one question at a time. Wait with interest for the answer.
- Ask questions that encourage clients to express their needs. Examples are: “How would you feel if

you became pregnant soon?” “How do you think your spouse feels about family planning?”

- Use words such as “then?” “and?” “oh?” These words encourage clients to keep talking.
- When you must ask a delicate question, explain why—for example, asking about number of sexual partners to find out about STD risk.
- Avoid starting questions with “why.” Sometimes “why” sounds as if you were finding fault.
- Ask the same question in other ways if the client has not understood.

See page 28 for “Listen Actively.”



### KEY WORDS FOR

### ASKING

**“What do you hope that we can do for you today?”**

Some clients are shy about telling their needs, purposes, or hopes. Still, if you do not find out what they really want, they may leave disappointed. They may not follow instructions. They may not come back. They even may complain about the care you gave them. So it often helps to ask the client politely but directly what the client hopes for on *this* visit.

**t Suggested discussion:** What is a friendly, respectful way to ask your clients this question?

## Open questions work better!

The questions below are **open questions**. They invite clients to give full, honest answers. They help clients think about their choices. The answer to an open question often suggests the next question.

*“Could you please tell me your reasons for coming?”*

*“What have you heard about this method?”*

*“What questions do you have about family planning?”*

*“How do you feel about that?”*

**t Suggested discussion:** Think of other open and closed questions. Which are better? Also, how can you turn a closed question into an open question?

The questions below are **closed questions**. They require a specific answer, often just “yes” or “no.” They cut off discussion. Some of these are also **leading questions**. They push the client to answer in the way that the questioner wants.

*“Are you here for family planning?”*

*“Have you heard of this method?”*

*“Don’t you prefer this method?”*

*“Don’t you think young women should avoid sex before they are married?”*

# Responding to Clients' Feelings

Family planning and other reproductive health concerns can be a very private matter for clients. When they talk about these subjects, they may feel embarrassed, confused, worried, or afraid. These feelings affect their decisions. Some feelings may make choices difficult. Some feelings may lead to choices that clients regret later.

How can you help clients deal with their feelings? First, ask about feelings and help clients talk about them. Give your full attention. Listen actively and question effectively. Watch clients' body movements and expressions. These can help you learn what clients feel.

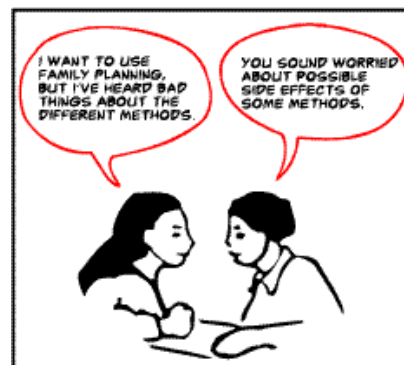
Once you recognize clients' feelings, let them know in clear and simple words that you understand. This is called "reflecting feelings." At right are two examples.

You cannot change clients' feelings. Only they can do that. But when you reflect feelings, you are showing that you understand. You also are saying that it is all right to feel that way.

As clients talk about their feelings, they understand themselves better. Then they may find it easier to make wise and healthy choices.

## Reflecting Feelings

Example 1



Example 2



## Can You Talk About Sex?

Even for experienced health care providers, discussing sex can be difficult. Using sexual terms or slang can be embarrassing. As a result, providers may not volunteer important information, answer clients' questions fully, or ask important questions about sexual behavior. Providers may even try to influence a client's choice of methods to avoid explaining use of condoms or vaginal methods, for example.

But reproductive health and sex cannot be separated. To make healthy decisions, clients often need to discuss sexual behavior. Therefore providers need to be comfortable with hearing and using sexual terms and also with using pictures or models of the body. Here are suggested exercises that can make discussing sex easier:

1. Make a list of terms and slang related to sex. Discuss how you feel about hearing and using these words. Compare the words for men with those for women. Do these words avoid negative meanings? Which words would you rather use? Do your clients understand these words?
2. When alone, look at your face in a mirror and say the words that make you uncomfortable. With prac-

tice, you will be more at ease and confident.

3. Practice using pictures or a model to show clearly how to put a condom on a penis.

Clients, too, often find it hard to talk about sex. Here are some tips for helping them:

**Give clients sensitive information in other forms.** Then they can take it into account even if they do not want to discuss it openly. For example, posters, pamphlets, videos, radio, and TV can explain the risks of having more than one sex partner, the signs of STDs, or the need for condoms.

**Starting discussion** about sex is often the most difficult step. How can you gently let clients know that you are willing to discuss sex but will not force them to do so? You might ask, "Did you see the wall chart about STDs in the waiting area? Did it raise any questions?" or "Some women say they worry that their husbands have other sex partners, but they don't know how to talk with their husbands about it. How do you think you would handle that situation?" From here, you can lead gradually to more personal discussion if the client is willing.



In GATHER, T stands for “Tell.” The provider responds to the client’s situation, needs, and concerns. The provider tells the client information that helps the client reach a decision and make an informed choice.

To make wise choices, clients need useful, understandable information. This information should describe the client’s various options and explain possible results. To help with understanding, you can make information both **tailored** and **personalized**.

**Tailored information** is information that helps the client make a specific decision. In the “Ask” step of GATHER, you can learn what decisions the client is facing. Then, in the “Tell” step, you can give specific information that helps the client make those decisions. You can skip information that makes no difference to the client. Information that makes no difference can overload and confuse the client.

**Personalized information** is information put in terms of the client’s own situation. Personalizing information helps the client understand what the information means to her or him personally. (See example in box at upper right.)

**t Suggested exercise:** Imagine a specific client. Then tailor and personalize an important fact about reproductive health for that client.

## L KEY WORDS FOR TELLING

### **“Do you have a method in mind?”**

Most new family planning clients already have a method in mind. The “Tell” step in good counseling about method choice **starts** with that method.

### **“And what is it about this method that you like?”**

This question helps check whether the client really understands the method. Any mistaken ideas can be gently corrected. Also, the provider can mention other available methods with the same advantages—in case the client does not know these other methods.

**Clients should have the method that they want so long as they understand the method and there is no medical reason to avoid it.**

### **Example—Information for a man deciding how to protect himself against HIV/AIDS:**

**Good:** “Having certain other STDs can raise the chances of getting HIV/AIDS.”

**Better (tailored):** “For a person with more than one sex partner, the best protection against getting STDs during sex is using a condom every time.”

**Best (tailored & personalized):** “You mentioned that you have two girlfriends now. The best way to protect yourself *and* your girlfriends is using a condom every time you have sex with either of them.”

## **Tailoring Information for Method Choice**

Family planning clients should have access to full information about all available methods. At the same time, describing every method in equal detail can be confusing to a client trying to choose a method. Here is an easy way to find out what the client needs to know:

1. **Ask what method the client wants.** Most clients already have a method in mind. In general, *clients should get the method they want*. They will use it longer and more effectively. Make sure the client (1) understands the method, (2) has no medical reason to avoid it (see yellow chart, pages 10 and 23), and (3) knows other methods are available when she or he wants to switch.
2. **What if the client cannot use that method?** Ask *what the client likes about that method, and then describe similar methods*. For example, a woman wants an IUD because it is long-acting, very effective, and reversible. But she cannot use an IUD for medical reasons. You can tell her about *Norplant* implants because implants also are long-acting, very effective, and reversible.
3. **What if the client has no method in mind?** Ask *what is most important to the client about a method*. (For example—very effective? convenient? discreet? reversible? no chance of side effects?) The answers help suggest methods that could meet the client’s needs.

**t Suggested discussion:** What are other ways to find out quickly what a client needs to know?

**Find more ways to tell people about family planning methods.** Counseling is important, but providers also can tell people about methods in many other ways—for example, radio, television, newspapers, community and clinic presentations, pamphlets, and wall charts. Clients who know more about methods *before* counseling can make better decisions *during* counseling. (See page 26.)



# Tell Clients About Family Planning Methods

Clients need to know about family planning methods before choosing one. Here is basic information about 9 methods. You can mention all available methods, but tell clients most about the methods that interest them. (Remember that clients may already know something about some methods.) Then, with the checklists on the yellow chart (page 10), you can help your clients choose a method. **Note:** Most methods do not protect against sexually transmitted diseases (STDs), including HIV/AIDS. During sex, condoms are the best protection against STDs.

METHOD	HOW IT WORKS	ADVANTAGES	DISADVANTAGES
<b>Low-Dose Combined Oral Contraceptives (The Pill)</b>	When a woman swallows a pill each day, her ovaries stop releasing eggs. She cannot become pregnant without an egg. <b>Effectiveness:</b> Very effective if taken every day. Effective as usually used.* No STD protection. Also can be used for emergency contraception. See page 20.	<ul style="list-style-type: none"> <li>No need to do anything at the time of sex.</li> <li>Monthly periods are regular, light, short; milder, fewer cramps.</li> <li>Help prevent iron deficiency anemia, ectopic pregnancy, ovarian and uterine cancer, and pelvic inflammatory disease (PID).</li> </ul>	<ul style="list-style-type: none"> <li>Some women have upset stomach (especially in first 3 months) and/or spotting or bleeding between menstrual periods, missed periods, mild headaches, breast tenderness, and/or slight weight gain.</li> <li>Some women cannot remember a pill every day.</li> <li>In rare cases the Pill causes stroke, heart attack, or blood clots deep in the leg, especially in women with high blood pressure and in women who smoke and also are 35 or older.</li> </ul>
<b>Condom</b>	A very thin, flexible sheath that covers the man's erect penis during sex. It keeps sperm out of the woman's vagina. Also prevents many STDs from passing between sex partners. <b>Effectiveness:</b> Effective if used correctly and every time. Only somewhat effective as usually used.* Best method for STD prevention.	<ul style="list-style-type: none"> <li>Only method proved to prevent STDs, including HIV/AIDS, and also pregnancy when used correctly with every act of sexual intercourse.</li> <li>Helps prevent conditions caused by STDs, such as pelvic inflammatory disease (PID) in women and infertility in both women and men.</li> <li>No need to see a health care provider before using.</li> </ul>	<ul style="list-style-type: none"> <li>Must take the time to put condom on erect penis before sex.</li> <li>May decrease sensation.</li> <li>May cause itching for a few people allergic to latex rubber.</li> </ul>
<b>Female Sterilization</b>	A specially trained health care provider makes a small surgical opening in the woman's abdomen and closes off both tubes that carry eggs from the ovaries to the womb. Then eggs cannot meet the man's sperm. The woman still has menstrual periods. <b>Effectiveness:</b> Very effective and permanent.* No STD protection.	<ul style="list-style-type: none"> <li>A single procedure leads to effective, lifelong family planning.</li> <li>Nothing to remember and no repeated clinic visits needed.</li> <li>No known long-term side effects or health risks.</li> <li>A woman can still have sex as usual.</li> </ul>	<ul style="list-style-type: none"> <li>Usually painful for a few days after the procedure. Slight chance of infection or bleeding at incision, internal infection or bleeding, or injury to internal organs.</li> <li>Usually not reversible.</li> </ul>
<b>Vasectomy</b>	A specially trained health care provider makes a small surgical opening in the man's scrotum (the sac of skin that holds the testes) and closes off both tubes that carry sperm from his testes. The man still produces semen, but it has no sperm in it to make a woman pregnant.	<ul style="list-style-type: none"> <li>A single, quick procedure leads to effective, lifelong family planning.</li> <li>A man can still ejaculate and have sex as usual.</li> <li>No known long-term side effects or health risks.</li> </ul>	<ul style="list-style-type: none"> <li>Not effective at once. Couple must use another method for at least the first 20 ejaculations or 3 months.</li> <li>Usually some discomfort for a few days after the procedure. Possibly also some pain, swelling, and bruising in the scrotum.</li> </ul>





In GATHER, H stands for “Help.” The client and provider discuss the choices, their different results for the client, and how the client would feel about these results. In this way the provider helps the client reach a decision. Often the choice is what family planning method to use. Other choices could be how to protect oneself from STDs or, for a young person, whether to begin having sex.

## Choosing a family planning method

First, ask the client if she or he already has a method in mind (see page 7). Then, with a few more questions, you can learn important information that will help you advise many of your clients. You can choose the best words to ask for this information.

Most clients who answer “no” to all 3 questions below can consider any available family planning method. Ask further questions as needed to help each client choose.

If a client answers “yes” to any of these questions, see the advice below:

### † Is the client breastfeeding a baby? If so, for how long?

#### Breastfeeding less than 6 weeks:

- Avoid hormonal methods. Combined oral contraceptives and monthly injectables can reduce milk supply. Progestin-only oral contraceptives, long-acting injectables, and *Norplant* implants in theory might affect the new baby’s growth.
- All other methods can be considered. Fertility signs, used for fertility awareness-based methods, may be hard to interpret.
- Between 7 and 42 days after childbirth, postpone female sterilization.

#### Breastfeeding 6 weeks to 6 months:

- Avoid combined oral contraceptives and monthly injectables.
- All other methods can be considered, including progestin-only oral contraceptives. Fertility signs may be hard to interpret.

#### Breastfeeding more than 6 months:

- Can no longer use Lactational Amenorrhea Method (LAM) (see page 20).
- All other methods can be considered, but combined oral contraceptives and monthly injectables are not the best choices. Fertility signs may be hard to interpret.

### † Do the client and her/his partner want any (more) children? If so:

- Couple should not choose vasectomy or female sterilization. These methods are permanent.

### † Does the client or his/her sex partner have sex with anyone else? If so...

- Should always use condoms to protect against STDs.
- Can also use another method at the same time for extra protection against pregnancy.
- Should avoid IUD.

**Note:** All 3 questions are important. For example, a woman who has been breastfeeding for less than 6 months *and* who also has more than one sex partner should avoid combined oral contraceptives *and* should always use condoms.

## Other good questions

You may need to ask more questions to find out: Will the method that interests the client really suit the client’s needs and way of life? Will the client be able to use the method effectively? Does the client have any medical condition that makes another choice better? The yellow chart on the next page helps answer these questions.

### † Suggested exercises:

- \*1. Some clients may not want to answer the question about sex partners. Discuss ways to let clients know about STD risk and about condoms for STD protection *without* forcing them to answer directly.
2. Imagine a client’s answers to the 3 questions, and discuss how to help that client. For example, a client is breastfeeding for 3 months. She and her husband want more children later. They have no other sex partners. What methods can they consider?

## KEY WORDS FOR HELPING

### “What have you decided to do?”

After the client has considered options, it is very important to ask the client this question. This is why:

- The question makes clear that a decision is needed.
- The question makes clear that the decision belongs to the client.
- By answering out loud, clients make a commitment to carry out their own decisions—or else recognize that they are not ready to decide.
- The client’s answer tells you what the client wants—no need to guess or assume.
- If the client’s answer is not clear or is out of keeping with previous discussion, you can ask more questions to be sure, and you can discuss the choice further.

### “So, you have decided to....”

Reflect back the client’s decision. Then the client can agree or disagree.

# Help Clients Choose a Family Planning Method

## 1 Help Clients Think About Their Needs

These questions help clients think about their needs. Discuss only methods that interest the client. Can you think of more questions?

- ☐ Do you want an effective method that you can stop at any time?
- ☐ Do you especially want to postpone or to space births?
- ☐ Do you want a method that needs no action during sex?
- ☐ Do you have heavy, painful menstrual periods or anemia?  
*If so, the Pill may be a good choice for you.*
- ☐ Do you dislike taking pills, or do you forget them?
- ☐ Would it be hard for you to get more pills?
- ☐ Would you stop the Pill if it made your stomach upset at first?  
*If so, the Pill may be a poor choice for you.*

Combined Oral  
Contraceptives (Pill)

- ☐ Do you or your sex partner(s) need protection from STDs?
- ☐ Do you have more than one sex partner? Does your partner?
- ☐ Are you a man who wants responsibility for family planning?  
*If so, condoms may be a good choice for you.*
- ☐ Would you or your partner find it difficult to use a condom with every sex act?  
*Even so, you should use condoms if you need STD protection or have more than one sex partner. Can use another method, too.*

Condoms

- ☐ Are you sure you will want no more children? Is your husband?
- ☐ Do you want a very effective, permanent method with no upkeep?  
*If so, female sterilization may be a good choice for you.*
- ☐ Are you single or have no children?
- ☐ Are you having marriage problems?
- ☐ Are you worried about surgery?  
*If so, female sterilization may be a poor choice for you.*

Female  
Sterilization

- ☐ Are you sure you will want no more children? Is your wife?
- ☐ Do you want to take responsibility for family planning?
- ☐ Do you want a very effective, permanent method with no upkeep?  
*If so, vasectomy may be a good choice for you.*
- ☐ Are you single or have no children?
- ☐ Are you having marriage problems?  
*If so, vasectomy may be a poor choice for you.*

Vasectomy

## 2 Consider These Medical Conditions

For the client's preferred method, ask about these conditions and explain that they rule out its use. If needed, help the client choose another method.

**Should not be used by women who:**

- ☐ smoke cigarettes and also are over age 35.
- ☐ have blood pressure (bp) over 160/100; or report high bp but cannot be checked.
- ☐ are breastfeeding a baby less than 6 months old.
- ☐ have had stroke or problems with heart or blood vessels due to blockages.
- ☐ have or had breast cancer.
- ☐ have active liver disease.
- ☐ get bad headaches with blurred vision.
- ☐ might be pregnant.
- ☐ have unusual vaginal bleeding that suggests disease (until diagnosed).
- ☐ have long-term, severe diabetes.

**Generally, should not be used by someone:**

- ☐ as the only method if pregnancy would seriously threaten the woman's health. For most couples condom use is only somewhat effective. Can use condoms for STD protection and another method at the same time for greater protection from pregnancy.
- ☐ who has severe allergic reaction to latex.

**No medical conditions restrict female sterilization, but some conditions call for delay, special care, or a special facility. These include:**

- ☐ gynecologic or obstetric conditions, such as pregnancy, infection, cancer.
- ☐ certain heart or blood vessel problems, such as high blood pressure.
- ☐ long-term diabetes.
- ☐ severe iron deficiency anemia.
- ☐ between 7 days and 6 weeks after giving birth.

**No medical conditions restrict vasectomy, but some conditions call for delay, special care, or a special facility. These include:**

- ☐ infection (including STDs), swelling, or lumps in penis or scrotum.
- ☐ undescended testicle.
- ☐ diabetes.



In *GATHER*, *E* stands for “*Explain*.” The provider explains to the client how to carry out the client’s decision. Often the provider gives instructions. (See the blue chart on next page for instructions about family planning methods.) When explaining, the provider tries to tailor and personalize instructions to suit the individual client’s way of life (see page 7).

## **L** KEY WORDS FOR **E** XPLAINING

*“Do you think you can do this? What might stop you?”*

If the client sees problems, you and the client can discuss ways to overcome them.

## 12 Tips To Help Clients Remember

The way you give information—especially instructions—can help clients remember them:

1. **Keep it short.** Choose the few most important points that the client must remember.
2. **Keep it simple.** Use short sentences and common words that clients understand.
3. **Keep it separate.** Keep important instructions separate from information that does not need to be remembered.
4. **Point out what to remember.** For example, “These 3 points are important to remember:...” Then list the 3 points. Most important to remember is *what* to do and *when*.
5. **Put first things first.** Give the most important information first. It will be remembered best.
6. **Organize.** Put information in categories. For example: “There are 4 medical reasons to come back to the clinic.”
7. **Repeat.** The last thing you say can remind the client of the most important instruction.
8. **Show as well as speak.** Sample contraceptives, flip charts, wall charts, and other pictures reinforce the spoken word. (See page 22.)
9. **Be specific.** For example, “check the IUD strings regularly” is not clear and not easy to follow. It is clearer to say, “Just after a menstrual period, wash your hands. Then put your finger high up in your vagina and feel the IUD strings. If the strings seem longer, shorter, or missing, or you feel something hard, come back to see us.”
10. **Make links.** Help clients find a routine event that reminds them to act—for example, “When you first eat something each day, think about taking your pill at that time.” OR “Please come back for your next injection in the week after the summer festival.”

11. **Check understanding.** Ask clients to repeat important instructions. This helps them remember. Also, you can gently correct any errors.

12. **Send it home.** Give the client simple print materials to take home. Review this material with the client first.

### **t** Suggested exercises:

- Turn the page and see how many of these 12 points you remember. What does this show?
- Think of an instruction that you often give to clients. Now try to say it again more simply.
- If you do not have pictures to show clients, make your own.

### Should counselors explain side effects? Yes!

Does explaining side effects of a family planning method scare away clients? Does it make them worry needlessly? Or does explaining help clients handle side effects if they occur?

*Research shows that clients use their method longer when counselors explain side effects in advance.*

Possible side effects should be explained honestly and without alarm. Important messages are:

- Many people do not have any side effects.
- The most common side effects are **not** dangerous and **not** signs of danger. Make this clear when explaining these side effects. Examples: nausea with combined oral contraceptives (the Pill), amenorrhea (no menstrual bleeding) with injectables.
- Many side effects go away without treatment. Many side effects can be treated.
- If there are specific medical reasons to see a doctor or nurse, make clear that these happen only rarely. Explain these specific medical reasons separately from side effects that are not dangerous.
- Clients are always welcome to come back with any concerns or questions or to change methods.



# Explain How To Use the Chosen Method

Once your client has chosen a method, explain how to use it correctly. Explain only the method that the client has chosen. These explanations also can help remind returning clients about using their methods correctly.

## Low-Dose Combined Oral Contraceptives (The Pill)

- You can start the Pill any time it is reasonably sure that you are not pregnant—for example, during the first 7 days after your menstrual period starts.
- Take one pill each day until the packet is empty.
- Then start the next packet. For 28-pill packets: Take the first pill from the new packet the next day. For 21-pill packets: Wait no more than 7 days and then take the first pill.
- If you miss a pill, take it as soon as you can. Then take the next pill at the regular time, even if you take 2 pills at once or on the same day.

- Side effects sometimes occur, such as upset stomach, light bleeding between periods, very light menstrual periods, occasional missed periods, mild headaches, tender breasts, and moodiness. These side effects are not signs of serious sickness. They generally become less or stop in a few months. Keep taking one pill each day. Skipping pills makes some of these side effects worse.

▶ See a nurse or doctor if you have severe, constant pain in the belly, chest, or leg; you start to get very bad headaches; you see flashing lights or zigzag lines; or your skin or eyes become unusually yellow.

## Condoms

- Put a condom on the erect penis before it touches the vagina.
- Put the condom on the tip of the penis with the rolled rim away from the body. The condom should unroll easily to the base of the penis.

- When withdrawing your penis after sex, hold the rim of the condom so that semen does not spill.
- Use each condom only once. Then throw it in a pit latrine or bury it.
- ▶ Do not use lubricants with oil in them, such as Vaseline or butter. Oil weakens latex condoms.

## Long-Acting Injectable Contraceptives

- Try not to rub the injection site. This could shorten the protection.
- Try to come back for another injection in 3 months (for Depo-Provera) or 2 months (for Noristerat). But come back even if you must come early or you are late. If more than 2 weeks late, use condoms or a vaginal method until you can have another injection.

- Most women have changes in menstrual bleeding, and their periods may stop after a year. This is normal. It is not dangerous and does not mean you are pregnant.

▶ See a nurse or doctor if menstrual bleeding is twice as long or twice as heavy as usual for you; you start to get very bad headaches; or your skin or eyes become unusually yellow.

## Norplant Implants

- A specially trained health care provider will place 6 small, plastic capsules under the skin of your upper arm. You will get medicine to prevent pain.
- Keep this area dry for 4 days. You can take off the gauze after 2 days and the bandage after 5 days.
- Most women have changes in menstrual bleeding, especially spotting or light bleeding between periods. This is normal. It is not dangerous and not a sign of danger.

- ▶ Come back if your arm is sore for more than a few days; your arm becomes painful, hot, or red; capsules come out; very bad headaches start or become worse; you might be pregnant (especially if you also have bad pain or tenderness in the belly or you feel faint); you have very heavy vaginal bleeding; or your skin or eyes become unusually yellow.
- You can have the capsules taken out any time you want. After 5 years you should have them taken out; you can get new capsules then if you want.

## Intrauterine Device (IUD)

- A specially trained health care provider will insert your IUD. During the procedure, please tell the provider if you feel discomfort or pain. You may feel some cramps for a short time afterward.

- Some women have longer, heavier menstrual bleeding, bleeding or spotting between periods, or more cramps. These are not danger signs.
- Plan to come back for a check-up in 3 to 6 weeks—for example, after a menstrual period.



# RETURNING—

## *The Returning Client Deserves Attention, Too*

In GATHER, R stands for “Return.” All clients should be invited to return to their reproductive health care provider whenever they wish, for any reason.

At the same time, clients should not be made to come back when not necessary. For example, providers should give clients plenty of supplies and not schedule unneeded follow-ups.

### **Care for Continuing Clients**

All returning clients deserve attention, whatever their reason for returning. Returning clients deserve just as much attention as new clients.

Counseling a returning client should be flexible. It should be tailored to meet each client’s reasons for

### **Reasons to Return**

There are many good reasons for clients to return. For example, the client:

- Has questions or problems or wants advice.
- Needs more supplies, another injection, or IUD or implants replaced.
- Needs emergency contraception (see page 20).
- Needs follow-up check after IUD insertion, female sterilization, or vasectomy (see pages 14 and 19).
- Wants a different method—for any reason.
- Wants IUD or implants taken out.
- Wants help with side effects.
- Has noticed a specific medical reason to return (a “warning sign”).
- Brings spouse, friend, or relative for services or information.
- Wants to check on a rumor.
- Needs condoms for STD protection.
- Thinks he or she might have an STD.
- Thinks she might be pregnant.

**t Suggested discussion:** List other good reasons that clients return. Could there be any *wrong* reasons to return?

### **KEY WORDS FOR RETURN**

*“Please come back any time, for any reason.”*

*“I hope we see you again.”*

Making the client feel welcome *back* is as important as making the client feel welcome the first time.

returning. The returning client should not be made to go through full method-choice counseling again.

Here are 2 general rules for counseling returning clients:

### **1. Find out what the client wants.**

To find out what the client wants, you can ask:

- “How can we help you today? What would you like to discuss?”
- “What has been your experience with your family planning method (or other care)? Satisfied? Any problems?”
- “Any new health problems since your last visit?” (For the most part, a health condition that rules out a family planning method in the first place also means the client should switch methods if that condition develops during use.)

### **2. Respond to what the client wants.**

- *If the client has problems, help resolve them.* This can include offering a new method or referring the client elsewhere.
- *If the client has questions, answer them.*
- *If the client needs more supplies, provide them—generously.*
- *If appropriate, check whether the client is using the method correctly, and offer advice if not.*

See the orange chart on the next page for counseling returning users about their specific methods.



# Return Visits Help Clients Continue

Clients are always welcome to return, for any reason—such as needing more supplies, seeking help with a question or problem, wanting an IUD or Norplant implants removed, or wanting to change methods for any reason. Returning clients deserve the same care and attention as new clients. Return visits are good times to ask if clients are satisfied with their family planning choices and to answer questions and solve problems. Listen carefully, especially if clients have concerns about side effects. Do not dismiss a client's concerns or take them lightly. Here are suggestions to help clients who have problems with their methods. If a client is not satisfied after treatment and counseling, help the client choose another method.

<b>Low-Dose Combined Oral Contraceptives (The Pill)</b>	<p><b>Forgetting pills:</b> Suggest taking each pill at the same time every day—each morning on waking, for example. Suggest that a family member help remind her.</p> <p>▶ <b>Urge the client to keep taking the pill even if she has any of the common side effects listed below. Skipping pills can make some side effects worse. In the first 3 months of use, mention that these side effects usually go away or become less after 3 months.</b></p> <p><b>Nausea</b> (common, not a sign of serious illness): Suggest taking the pill at night or with food.</p> <p><b>Slight headaches</b> (common, not a sign of serious illness): Suggest taking ibuprofen, aspirin, or paracetamol.</p> <p><b>Spotting or bleeding</b> (common, not harmful, but may bother the client): Missing pills is sometimes the cause of spotting or bleeding between periods. Encourage her to take a pill every day.</p>	<p><b>Common side effects lasting longer than 3 months that bother the client:</b> Suggest a different low-dose combined oral contraceptive or a progestin-only pill. Or help the woman choose a different method.</p> <p><b>Amenorrhea (no menstrual period)</b> (common, usually not a sign of pregnancy): She probably is <b>not</b> pregnant if:</p> <ul style="list-style-type: none"> <li>• She has had even a little bleeding, or</li> <li>• She has taken a pill each day, or</li> <li>• She missed the 7-day break between 21-pill packs.</li> </ul> <p>But, if she has missed more than one active pill in a row, check for pregnancy (see p. 24). If she may be pregnant, tell her so, ask her to stop taking oral contraceptives, and give her condoms and/or spermicide to use until it is clear whether or not she is pregnant.</p>
<b>Condoms</b>	<p><b>Itching:</b> Recommend a dry condom or one without spermicide; suggest water if lubricant is needed. If itching continues, examine the client for infection. If no infection and itching continues, help the client choose another method unless he or she is at risk for catching or transmitting an STD. If so, urge continuing condoms despite itching.</p>	<p><b>Cannot use condoms consistently:</b> Discuss ways to make condoms part of each sex act. Remind the client that condoms are the only method proved to prevent both pregnancy and STDs, including HIV/AIDS. Give the client plenty of condoms so that supply is not a concern. If problems continue, discuss other methods. The client with high STD risk should think about using condoms and another family planning method together.</p>
<b>Female Sterilization</b>	<p>▶ <b>Follow-up within 7 days after the procedure is strongly recommended.</b></p> <p><b>Infection:</b> Clean site with soap and water or antiseptic. Give oral antibiotics for 7 days and check again.</p>	<p><b>Abscess</b> (pus present): Clean site with antiseptic. Incise, drain pus, and treat wound. Fever and chills may require hospitalization.</p>
<b>Vasectomy</b>	<p>▶ <b>Follow-up within 7 days after the procedure is strongly recommended.</b></p> <p>A man can come back any time after 3 months if he wants his semen checked to make sure the vasectomy is working.</p> <p><b>Pain:</b> Check for blood clots in the scrotum. Small, uninfected clots require rest and pain-relief medication such as paracetamol. Large blood clots may need to be surgically drained. Infected clots require antibiotics and hospitalization.</p>	<p><b>Infection:</b> Clean site with soap and water or antiseptic. Give oral antibiotics for 7 days and check again.</p> <p><b>Abscess</b> (pus present): Clean site with antiseptic. Incise, drain pus, and treat wound. Fever and chills may require hospitalization.</p> <p><b>Fear of impotence:</b> Assure the man that vasectomy does not physically change sexual desire, function, or pleasure.</p>
<b>Long-Acting Injectable</b>	<p><b>More than 2 weeks late for injection and sexually active:</b> If the woman might be pregnant, check for pregnancy (see p. 24). Unless she might be pregnant, give another injection if she wants it.</p>	<p><b>Spotting or bleeding:</b> Reassure her that this is normal and very common, especially in the first few months. It is not harmful. If this bleeding continues and still bothers the client, encourage her to</p>



# Informed Choices—Every Client's Right

**Clients have a right to make informed choices.** This is a basic principle of family planning programs and providers.

An informed choice is a client's thoughtful decision based on accurate understanding of the full range of options and their possible results. Counseling helps clients make their own informed choices.

**The choice belongs to the client.** Reproductive health care providers give accurate, useful information and actively *help* clients apply this information to their own situations. Clients are the experts on their own lives and can make the best decisions. Providers do not pressure clients to choose a certain option or to use a certain family planning method.

## How **GATHER** Helps Clients Make Informed Choices

Every element in GATHER counseling contributes to clients' informed choices. This chart shows how. The second column describes the provider's actions in general terms. The third and fourth columns give examples of *some* of what a provider and two specific clients might say. These examples show how counseling leads to the clients' informed choices.

STEP	PROVIDER'S ACTIONS	EXAMPLE: CLIENT A A married woman, age 21, with a 4-month-old child.	EXAMPLE: CLIENT B A 16-year-old school girl.
<b>GREET</b> <b>G</b>	Express respect and friendliness. This helps the client feel confident and willing to express feelings, ask questions, and make decisions.		
<b>ASK</b> <b>A</b>	<ol style="list-style-type: none"> <li>1. Help the client put into words the choice that she or he is facing.</li> <li>2. Ask questions to help the client clarify the choice, including questions about reasons that a decision is needed.</li> </ol>	<p><b>Client:</b> "I want to choose a family planning method."</p> <p><b>Client:</b> "I will want another baby some day, so I want a temporary method."</p>	<p><b>Client:</b> "Should I have sex with my boyfriend?"</p> <p><b>Client:</b> "My boyfriend is pressuring me for sex, but I am not ready."</p>
<b>TELL</b> <b>T</b>	<ol style="list-style-type: none"> <li>1. List the different options, or help the client list them.</li> <li>2. Give the client accurate, tailored, and personalized information about the options.</li> </ol>	<p><b>Provider:</b> "Temporary methods available are pills, condoms, IUDs, injectables" ...and so on.</p> <p><b>Provider:</b> "If you want to get pregnant as soon as possible after you stop a method, there are various methods you can consider. These include...." ...and so on.</p>	<p><b>Client:</b> "I could stop seeing him. Or I could ask him to stop pressuring me. Or I could give in."</p> <p><b>Provider:</b> "Even the first time you have sex can cause pregnancy and sexually transmitted disease unless you protect yourself." ...and so on.</p>
<b>HELP</b> <b>H</b>	<ol style="list-style-type: none"> <li>1. Help the client think about several possible positive and negative results of each option for them personally.</li> <li>2. Help the client think how she or he would feel about these results. Which are most important?</li> <li>3. Ask the client to say aloud what she or he has decided.</li> </ol>	<p><b>Provider:</b> "Condoms have no side effects, but your husband must cooperate." ...and so on.</p> <p><b>Client:</b> "My husband will cooperate, and I do not want any side effects."</p> <p><b>Client:</b> "I have decided to choose condoms."</p>	<p><b>Client:</b> "If I don't give in, he may drop me." ...and so on.</p> <p><b>Client:</b> "I would rather break up with my boyfriend than have sex before I am ready."</p> <p><b>Client:</b> "I will tell him that I cannot stay with him unless he stops pressuring me."</p>
<b>EXPLAIN</b> <b>E</b>	Explain how to carry out the decision. Help the client think how to adopt new behavior.	Give the client condoms and show how to use them; invite her to bring her husband for discussions.	Help the client rehearse her discussion with her boyfriend.
<b>RETURN</b> <b>R</b>	Help the client think about the decision again and make a new informed choice if she or he wishes.	<b>Provider:</b> "How do you find using condoms? Do they seem to be a good method for you? Are you having any problems?" ...and so on.	<b>Client:</b> "We have decided to get married when I finish school, but we don't want children right away...."

**t Suggested discussions:** What would be respectful and friendly greetings for these 2 clients? Also, imagine another choice that a client might face: How would you help that client make an informed choice?

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## Greet Clients

- Give clients your full attention as soon as you meet them.
- Be polite, friendly, and respectful: greet clients, introduce yourself, and offer them seats.
- Ask how you can help.
- Tell clients that you will not tell others what they say.
- Explain what will happen during the visit.
- Conduct counseling where no one else can hear.

See the purple page 4 for more about Greeting.

### ***The Elements of Counseling***

*Counseling about family planning and other reproductive health matters often has 6 elements.*

*You can remember the 6 elements with the letters in the English word GATHER. Or you can find words in other languages to help you remember.*

*Counseling should suit each client. Not all clients need to be counseled in this order. Not all clients need all 6 GATHER elements. Some will need an element repeated. Counseling should change to fit the client's needs.*

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## Ask Clients About Themselves

- Ask clients about their reasons for coming.
- Help clients decide what decisions they face.
- Help clients express their feelings, needs, wants, and any doubts, concerns, or questions.
- Ask clients about their experience with the reproductive health matter that concerns them.
- Keep questions open, simple, and brief. Look at your client as you speak.
- Ask clients what *they* want to do.
- Listen actively to what the client says. Follow where the client leads the discussion.
- Show your interest and understanding at all times. Express empathy. Avoid judgments and opinions.
- Ask for any information needed to complete client records.

See the red pages 5, 6, 27, and 28 for more about Asking.

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## Tell Clients About Their Choices

To make informed choices and good decisions, clients need clear, accurate, specific information about the range of their choices.

- Help clients understand their possible choices.
- Information should be tailored—that is, important to the client's decision.
- Information should be personalized—that is, put in terms of the client's own life.

### **If clients are choosing a family planning method:**

- Ask which methods interest them. If no medical reason prevents it, clients should get the methods they want.
- Ask what they know about these methods. (If a client has important information wrong, gently correct the mistake.)
- Briefly describe the client's preferred method. Be sure to tell about:
  - (1) Effectiveness as commonly used,
  - (2) Briefly, how to use the method,
  - (3) Advantages and disadvantages,
  - (4) Possible side effects and complications.
- Mention other available methods that might interest the client now or later. Ask if the client wants to learn more.
- Use samples and other audio-visual materials if possible.
- Explain that condoms are the only family planning method that offers reliable protection against STDs.

See the green pages 7, 8, 25, and 26 for more about Telling.

# H

## Help Clients Choose

- Tell clients that the choice is theirs. Offer advice as a health expert, but avoid making the clients' decisions for them.
- To help clients choose, ask them to think about their plans and family situations.
- Help clients think about the results of each possible choice.
- For family planning methods, some key questions may be:
  - (1) "Are you breastfeeding?"
  - (2) "Do you and your partner want (more) children?"
  - (3) "Do you or your partner have sex with anyone else?" (To gauge STD risk)
- Ask what the client's sex partner might want.
- Ask if the client wants anything made clearer. Repword and repeat information as needed.
- Explain that some family planning methods may not be safe for clients with certain medical conditions. Once a client states a choice, ask about these conditions (*see yellow chart on pages 10 and 23*). If a method would not be safe, clearly explain why. Then help the client choose another method.
- Check whether the client has made a clear decision. Specifically ask, "What have you decided to do?" Wait for the client to answer.

*See the yellow pages 9, 10, 23, and 24 for more on Helping.*

# E

## Explain What to Do

After the client has made a choice:

- Give supplies, if appropriate.
- If the method or services cannot be given at once, tell the client how, when, and where they will be provided.
- For voluntary sterilization, the client may have to sign a consent form. The form says that the client wants the method, has been given information about it, and understands that information. Help the client understand the consent form before signing.
- Explain how to use the method or follow other instructions. As much as possible, show how.
- Describe possible side effects and what to do if they occur.
- Explain when to come back for routine follow-up or more supplies, if needed.
- Explain any medical reasons to return.
- Ask the client to repeat instructions. Make sure the client remembers and understands.
- If possible, give the client printed material to take home.
- Mention emergency oral contraception (*see page 20*).
- Tell clients to come back whenever they wish, or if side effects bother them, or if there are medical reasons to return.

*See the blue pages 11, 12, 21, and 22 for more on Explaining.*

# R

## Return for Follow-Up

At a follow-up visit:

- Ask if the client has any questions or anything to discuss. Treat all concerns seriously.
- Ask if the client is satisfied. Have there been problems?
- Help the client handle any problems.
- Ask if any health problems have come up since the last visit. Check if these problems make it better to choose another method or treatment. Refer clients who need care for health problems.
- Check if the client is using the method or treatment correctly.
- Check whether the client might need STD protection now.
- If a client is not satisfied with a temporary family planning method, ask if she or he wants to try another method. Help the client choose, and explain how to use. Remember—changing methods is normal. No one really can decide on a method without trying it. Also, a person's situation can change, making another method a better choice.
- If a woman wants her IUD or implants taken out, arrange for this. If she plans pregnancy, suggest where to get prenatal care.

*See the orange pages 13, 14, and 19 for more on Returning.*



## **Teach Yourself Better Counseling**

4 **Study and discuss:** Learn from this Counseling Guide. Try the *Suggested Exercises* and *Discussions*.

4 **Role-playing:** Try role-playing with a colleague. One of you can play the role of counselor. The other person can pretend to be a client; imagine the client's character, life situation, and the decisions that he or she is facing. Then act out the counseling session. Other colleagues can watch.

Afterwards, discuss what went well and what could be improved. Discuss other approaches to the needs of this "client." Everyone's comments should be clear but gentle.

Everyone can take turns playing different roles, both as client and as provider. After some practice, one of you may pretend to be a client who poses a special challenge—for example, a client who will hardly speak, a client who wants you to decide for her or him, or a client who cries. (See page 30.)

4 **Observation:** Ask a colleague to watch you counsel a client and then to make comments. (Get the client's permission first.) Your colleague can use the checklist on page 31.

4 **Supporting materials:** Keep this Counseling Guide and other reference materials handy so that you can easily find answers to clients' questions. Collect



### **KEY WORDS FOR**

### **LEARNING BETTER COUNSELING**

*"One way I will improve my counseling today is...."*

As a health care provider, you ask clients to change their behavior for better health. In the same way, you want to change your own behavior to be a better provider. Change is easiest one step at a time. You can make a commitment to improve one counseling skill today and practice it this week. Then next week you can make a commitment to another improvement.

good pictures to show clients. Try out the pictures with clients and see what works best.

4 **Friendly environment:** Think about what makes good counseling difficult at your facility—for example, lack of privacy. Talk with colleagues about what you yourselves can do to make counseling easier—for example, taking the client outside to talk. If appropriate, discuss solutions with your supervisor—for example, hanging a blanket across a corner to create a private place for counseling.

### *Tips for Managers:*

## **Promoting Better Counseling**

### **Help Staff Get Training**

- 4 Make clear to staff why all providers need to learn counseling, and why training is important.
- 4 Order copies of this Counseling Guide for all staff.
- 4 Find training programs for your staff. Review the course objectives and content.
- 4 Select trainees based on fair criteria.
- 4 Give staff paid time to attend training.
- 4 Attend training yourself.
- 4 Allow staff the time to do any pretraining assignments.

### **Help Staff Use Their Training**

- 4 Acknowledge trained staff to other staff and to clients.
- 4 Make sure staff can put new skills to use at once.
- 4 Ask trainees to discuss what they have learned with you and other staff.

- 4 Make clear to staff that good counseling is always important and treating clients with respect is crucial.
- 4 Agree on goals for better counseling, and expect improvement. Then follow up, and report progress to the staff.
- 4 Make sure providers have cue cards, flip charts, samples, models, and other counseling aids.
- 4 Set a good example by treating clients with respect.
- 4 Be a good coach. Observe counseling (with the client's permission) and give guidance to staff.
- 4 Publicize and reward good counseling. Consider counseling abilities when judging staff performance.
- 4 Encourage staff to suggest ways to remove barriers to good counseling.
- 4 Organize in-house refresher sessions from time to time.
- 4 Give staff the time for role-playing and other practice.

<p><b>Long-Acting Injectable Contraceptives</b></p>	<p>antibiotics and hospitalization.</p> <p><b>More than 2 weeks late for injection and sexually active:</b> If the woman might be pregnant, check for pregnancy (see p. 24). Unless she might be pregnant, give another injection if she wants it.</p> <p><b>Often late for injections:</b> Discuss ways to remember her next injection, such as linking the date to a holiday or change of season. Give the woman condoms to use if she cannot come for an injection on time.</p>	<p><b>Spotting or bleeding:</b> Reassure her that this is normal and very common, especially in the first few months. It is not harmful. If this bleeding continues and still bothers the client, encourage her to return and discuss other family planning methods.</p> <p><b>Amenorrhea (no menstrual period):</b> Reassure her that this is normal and common. It does not mean she is sterile, pregnant, or ill or that menstrual blood is building up. It does not mean she will be unable to get pregnant when she stops using family planning. If amenorrhea continues to bother the client, discuss other methods.</p>
<p><b>Norplant Implants</b></p>	<p>► <i>If a woman seems unhappy with her implants after discussion, always ask clearly whether or not she wants the implants removed, and do as she asks.</i></p> <p><b>Amenorrhea (no menstrual period):</b> Reassure her that this is normal. It does not mean she is sterile, pregnant, or ill or that menstrual blood is building up. It does not mean she will be unable to get pregnant when she stops using family planning. If amenorrhea continues to bother the client, remove the implants or refer for removal. Help her choose another method.</p>	<p><b>Spotting and bleeding between periods:</b> Reassure her that this is normal and very common, especially in the first 3 to 6 months. It is not harmful.</p> <p><b>Infection at insertion site:</b> If no abscess (no pus present), do not remove capsules. Clean site with soap and water or antiseptic. Give oral antibiotics for 7 days and check again. If abscessed, clean site with antiseptic, drain pus, remove capsules, and treat wound. A new set of capsules can be inserted in the other arm, or help her choose another method if she prefers.</p>
<p><b>Intrauterine Device (IUD)</b></p>	<p>► <i>At the time of IUD insertion, plan a return visit for 3 to 6 weeks later. At that visit ask if the woman has noticed:</i></p> <ul style="list-style-type: none"> <li>• <i>Signs of infection (increasing or severe pain in lower abdomen, especially if also fever and/or bleeding between menstrual periods).</i></li> <li>• <i>Signs that the IUD is out of place (strings seem shorter, longer, or missing, or she feels something hard in her vagina or at the cervix).</i></li> </ul> <p><i>If either is suspected, arrange a pelvic examination.</i></p> <p><b>Irregular bleeding, prolonged or heavy bleeding:</b> <i>If signs of infection or other abnormality:</i> Arrange pelvic exam and, if needed, appropriate care.</p> <p><i>If no signs of infection:</i> Ask whether she wants to keep her IUD or to have it removed, and do as she wishes.</p> <p><i>If no infection and less than 3 months since insertion:</i> Reassure the woman that changes in her menstrual bleeding are normal and will probably lessen over time. Encourage her to return if bleeding worsens.</p>	<p><i>If no infection but very heavy bleeding more than 3 months since insertion:</i> Check for signs of severe anemia—pale under fingernails and inside eyelids. If she is anemic, recommend IUD removal and give iron tablets for 3 months. Help her choose another method.</p> <p><b>Lower abdominal pain</b> that suggests pelvic inflammatory disease (PID): Arrange for abdominal and pelvic exam. If symptoms suggest PID, treat appropriately or refer for treatment. Generally, remove the IUD and help her choose another method. If another serious condition is found, such as ectopic pregnancy or pelvic mass, treat appropriately.</p> <p><b>Active STD infection:</b> A woman can keep her IUD if her clinician approves, if she has been or can be successfully treated, and if she is not likely to get an STD again. Otherwise, ask her to consider other methods, and recommend condoms.</p> <p><b>Client's or her partner's high-risk sexual behavior:</b> Ask the woman to consider other methods, and recommend condoms.</p> <p><b>Pregnancy less than 13 weeks:</b> Best to remove the IUD.</p>
<p><b>Fertility Awareness-Based Methods</b></p> <p><b>Vaginal Methods</b></p>	<p><b>Frustration and/or difficulty abstaining from sex:</b> Discuss possible sexual interactions without vaginal sex that the couple can enjoy during the fertile time. If appropriate, suggest using condoms</p> <p><b>Allergic reaction or sensitivity:</b> Check for signs of infection (abnormal vaginal discharge, redness and/or swelling of the vagina, itching of the vulva). Treat or refer. If no infection, suggest a different spermicide.</p>	<p>or spermicide instead of trying to avoid sex during the fertile time. If the problem cannot be resolved and leads to disputes, discuss whether another method would be better.</p> <p><b>Too messy:</b> Explain again how to insert spermicide, including the correct amount to use. If this continues to bother the client, help her choose another method.</p>

# Family Planning for the Breastfeeding Woman

Reproductive health care providers should encourage breastfeeding. Breastfeeding is good for nearly every baby. It also can be a natural form of family planning.

**When can breastfeeding prevent pregnancy?** To find out, you can ask the client these 3 questions:

## 1. Have your menstrual periods returned?

If she answers “no,” ask question 2. If instead she answers “yes,” she needs another family planning method. She should keep breastfeeding her baby.

## 2. Are you regularly giving your baby much other food besides breast milk or allowing long periods without breastfeeding, either day or night?

If she answers “no,” ask question 3. If instead she answers “yes,” she needs another method. She should keep breastfeeding her baby.

## 3. Is your baby more than 6 months old?

As long as she can answer “no” to all 3 questions, breastfeeding will prevent pregnancy about as effectively as the Pill or IUD when they are used correctly.

Using breastfeeding for family planning is called the Lactational Amenorrhea Method (LAM). A woman who relies on LAM should be encouraged to:

- Breastfeed often, both day and night. The baby should get at least 85% of feedings as breast milk.
- Breastfeed correctly. (Counsel the client about breastfeeding technique and diet.)
- Start other foods when the baby is 6 months old. Breastfeed before giving other food, if possible. Breast milk can be an important food for the child's first 2 years or more.

**When to start another family planning method?** As soon as the answer to any of the 3 questions is “yes.” See page 9 for information on methods to use during breastfeeding.

**Should a woman with HIV/AIDS breastfeed?** HIV may be passed to the baby in breast milk. Where infectious diseases pose little risk and safe, affordable other food is available, advise her to feed her baby that other food and no breast milk. Help her choose a family planning method other than LAM. If she still chooses to breastfeed, however, she can use LAM.

## Emergency Oral Contraception

**What is it?** Certain oral contraceptives (OCs) or similar pills taken *after* unprotected sex to prevent pregnancy.

**Why?** A woman had sex—willingly or not—without contraception, and she wants to avoid pregnancy.

**How to take emergency OCs?** In 2 doses: First dose as *soon as possible* but no later than 72 hours after unprotected sex. Second dose 12 hours after first dose.

**Which pills?** See table at right.

**How much protection?** Seems to prevent 3 of every 4 pregnancies that would otherwise occur. Less effective than most other family planning methods. Should not be relied on routinely.

**How does it work?** Mainly prevents release of the egg. (Does NOT disrupt existing pregnancy.)

**Side effects?** Nausea (upset stomach)—To avoid, eat after taking the pills. Vomiting—If you vomit within 2 hours after taking pills, repeat the dose. Otherwise, do *not* take extra pills. They will not make the method more effective, but they may increase nausea.

**Special counseling needs?** Be supportive, as always. Don't judge. If sex was forced, the woman may need medical care. Also, she may need special counseling if sex was unwanted (offer referral if appropriate).

Help her consider her future need to avoid STDs and pregnancy. She can start any contraceptive method at once.

This table tells how many pills to take, by formulation:

Formulation (examples of brands)	First dose	Second dose
Progestin-only oral contraceptives (OCs) of norgestrel 0.075 mg (75 µg) ( <i>Ovrette, Neogest, Norgel</i> )	20	20
Progestin-only OCs of levonorgestrel 0.03 mg (30 µg) ( <i>Follistrel, Microval, Microlut, Microluton, Mikro 30, Wyeth, Mikro-30, Norgeston, Nortrel</i> )	25	25
Low-dose combined oral contraceptives (COCs) of levonorgestrel 0.15 mg or 0.25 mg, or else norgestrel 0.3 mg or 0.5 mg, plus ethinyl estradiol 0.03 mg (30 µg) ( <i>Lo-Femenal, Lo/Ovral, Mala-D (India), Nordette, Microgynon</i> )	4	4
“Standard-dose” COCs of levonorgestrel 0.125 mg or 0.25 mg, or else norgestrel 0.5 mg, plus ethinyl estradiol 0.05 mg (50 µg) ( <i>Eugynon 50, Nordiol, Ovral, Microgynon, Microgynon 50, Nordette 50</i> )	2	2
Levonorgestrel 0.25 mg plus ethinyl estradiol 0.05 mg (50 µg) ( <i>Preven</i> )	2	2
Levonorgestrel 0.75 mg ( <i>Postinor-2</i> )	1	1



once a week for the first month and then from time to time after a menstrual period. Wash hands, sit in a squatting position, and insert 1 or 2 fingers into your vagina until you feel the strings. Come back if you cannot feel the strings, the strings feel longer or shorter, or you feel something hard.

## Fertility

**Be aware of body changes. Remember these rules:**

- **Cervical secretions:** Avoid unprotected sex from the first day of any cervical secretions or feeling of vaginal wetness until the 4th day after the peak day of slippery secretions.
- **Basal body temperature (BBT):** Avoid unprotected sex from first day of menstrual bleeding until body temperature has risen and stayed up for 3 full days.

## Awareness-Based Methods (Including Periodic Abstinence)

- Put spermicide, or diaphragm or cap with plenty of spermicide, in your vagina before sex.
- Spermicide alone can be put in up to an hour before sex. Put in foaming tablets, films, or suppositories at least 10 minutes before sex.

## Vaginal Methods (Spermicides, Diaphragm, Cervical Cap)

- Do not douche for at least 6 hours after sex. Leave a diaphragm or cap in place for at least 6 hours, but not longer than 24 hours for a diaphragm or 48 hours for a cap.

**Providers should fit a diaphragm or cap, explain how to put it in and take it out, let the client try putting it in, and check that it is in place.**

- **Cervical secretions + BBT:** Avoid unprotected sex from the first day of cervical secretions until both the 4th day after the peak day of slippery secretions and the 3rd full day after the rise in body temperature.
  - **Calendar, or rhythm:** Avoid sex during the fertile time as figured from calculations based on 6 months of menstrual calendar records.
- Providers not trained to teach these methods should refer clients.**
- You can have the IUD taken out any time you want.
  - You will get a written record of your type of IUD, when it was put in, and when you should have it removed. You can get a new IUD then.

**Providers not trained to teach these methods should refer clients.**

- **Calendar, or rhythm:** Avoid sex during the fertile time as figured from calculations based on 6 months of menstrual calendar records.

**Providers not trained to teach these methods should refer clients.**

- Do not douche for at least 6 hours after sex. Leave a diaphragm or cap in place for at least 6 hours, but not longer than 24 hours for a diaphragm or 48 hours for a cap.

**Providers should fit a diaphragm or cap, explain how to put it in and take it out, let the client try putting it in, and check that it is in place.**

# Sterilization Procedures

## Female Sterilization

**Procedure:** Anesthetic (medicine to stop pain) is injected into the abdomen. You may also be given medicine to help you relax. (Tell the client whether she is going to be awake or asleep. Full sleep—general anesthesia—usually is not needed.) The procedure takes less than 20 minutes. Most women can leave the clinic in a few hours.

**There are two female sterilization procedures. Describe only what is available.**

**Minilaparotomy:** The provider makes a small incision in the belly just above the pubic hair. He or she moves the womb to bring each fallopian tube to the opening. This may cause discomfort. The provider ties and cuts both fallopian tubes or closes each with a clip or ring. Then the incision is sewn closed. (See picture on page 22.)

**Laparoscopy:** The doctor makes a small incision just under the navel and inserts a thin tube. The doctor puts an instrument inside this tube and uses it to close off or block both fallopian tubes. After taking out the instrument and tube, the doctor sews the incision shut or bandages it. (See picture on page 22.)

**After the procedure:** Rest for 2 or 3 days. Do not lift anything heavy for a week. Take paracetamol (Panadol, Tylenol) for pain if needed.

- Come back if you have fever; bleeding or pus in the wound; pain, heat, swelling, or redness of the wound that becomes worse or does not stop; abdominal pain or cramping that becomes worse or does not stop; diarrhea; fainting or extreme dizziness.

## Vasectomy

**Procedure:** Anesthetic is injected into the scrotum to stop pain. One or two small openings are made in the scrotum. The two tubes that carry sperm to the penis are cut. The ends are tied or closed off. The openings are sewn shut or bandaged. The procedure takes about 15 minutes. (See picture on page 22.)

**After the procedure:**

- If possible, put cold compresses on the scrotum for 4 hours to reduce swelling. Swelling and discomfort may last 2 or 3 days.
- Keep the incision clean and dry for 2 to 3 days. Take paracetamol (Panadol, Tylenol) for pain if needed.
- Rest for 2 days and do not do heavy work or exercise for a few days.
- Use another effective method for at least 20 ejaculations or 3 months.
- Come back if you have high fever; bleeding or pus from the wound; or pain, heat, swelling, or redness at the wound that becomes worse or does not stop.

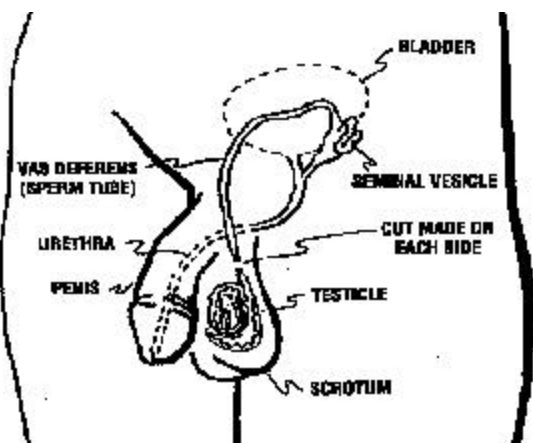
## Tips on Using Audiovisual Materials

Audiovisual materials help clients learn and remember. These materials include sample contraceptives, wall charts, take-home pamphlets and wallet cards, flip charts, audiotapes, videotapes, drawings, and diagrams such as those on this page. Even simple, handmade audiovisual materials are better than none at all. Here are some tips on using audiovisual materials:

- Make sure clients can clearly see the visual materials.
- Explain pictures, and point to them as you talk.
- Look mostly at the client, not at the flip chart or poster.
- Change the wall charts and posters in the waiting room from time to time. Then clients can learn something new each time they come.
- Invite clients to touch and hold sample contraceptives.
- Use sample contraceptives when explaining how to use methods. Clients can practice putting a condom on a model penis, a stick, or a banana. Clients may want privacy for this.
- If possible, give clients pamphlets or instruction sheets to take home. These print materials can remind clients what to do. Be sure to go over the materials with the client. You can mention information, and the client will remember it when he or she looks at the print material later.
- Suggest that the client show take-home materials to other people.
- Order more take-home materials before they run out.
- Make your own materials if you cannot order them or if they run out.

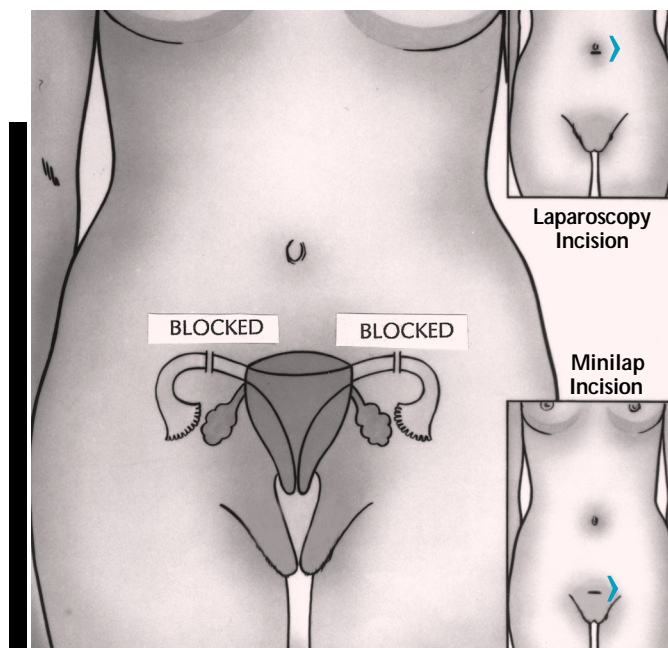
## VASECTOMY

You can use this picture to help tell clients how vasectomy is done. It shows how the man's tubes are cut to prevent sperm from leaving his body. For more description of the vasectomy procedure, see the blue chart, page 21.



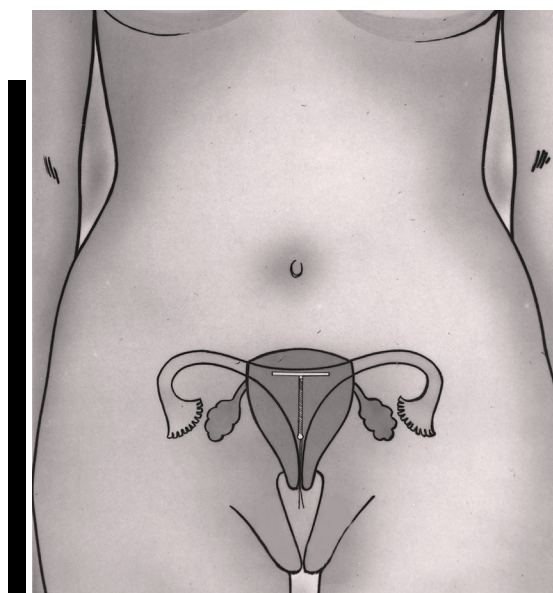
## FEMALE STERILIZATION (Tubal Ligation)

You can use these pictures to help tell clients how tubal ligation is done. The large picture shows where the tubes are blocked. The 2 small pictures show where the incision in the skin is made. The upper picture shows an incision for laparoscopy. The lower picture shows an incision for minilaparotomy. For more description of female sterilization procedures, see the blue chart, page 21.



## IUD (Intrauterine Device)

You can use this picture to show clients where the IUD is placed in the womb.





Long-Acting Injectables	<p><input type="checkbox"/> Do you want to keep your family planning private?</p> <p><input type="checkbox"/> Do you want a long-lasting, very effective, reversible method?</p> <p><input type="checkbox"/> Do you prefer injections?</p> <p><b>If so, an injectable may be a good choice for you.</b></p> <p><input type="checkbox"/> Would you mind if menstrual bleeding changes or stops?</p> <p><input type="checkbox"/> Would you mind some gradual weight gain?</p> <p><input type="checkbox"/> Would you want to become pregnant quickly after stopping?</p> <p><b>If so, an injectable may be a poor choice for you.</b></p>	<p><b>Should not be used by women who:</b></p> <p><input type="checkbox"/> are breastfeeding a baby less than 6 weeks old.</p> <p><input type="checkbox"/> have heart or blood vessel problems due to blockages; have had stroke.</p> <p><input type="checkbox"/> have or had breast cancer.</p> <p><input type="checkbox"/> have active liver disease.</p> <p><input type="checkbox"/> might be pregnant.</p> <p><input type="checkbox"/> have unusual vaginal bleeding that suggests disease (until diagnosed).</p>
Norplant Implants	<p><input type="checkbox"/> Do you want a long-lasting, very effective, reversible method with no upkeep?</p> <p><b>If so, implants may be a good choice for you.</b></p> <p><input type="checkbox"/> Would you mind changes in menstrual bleeding?</p> <p><input type="checkbox"/> Are you worried about minor surgery?</p> <p><b>If so, implants may be a poor choice for you.</b></p>	<p><b>Should not be used by women who:</b></p> <p><input type="checkbox"/> are breastfeeding a baby less than 6 weeks old.</p> <p><input type="checkbox"/> have active liver disease.</p> <p><input type="checkbox"/> have or had breast cancer.</p> <p><input type="checkbox"/> might be pregnant.</p> <p><input type="checkbox"/> have unusual vaginal bleeding that suggests disease (until diagnosed).</p>
Intrauterine Device	<p><input type="checkbox"/> Do you want a long-lasting, very effective, reversible method with little upkeep?</p> <p><input type="checkbox"/> Are you in a mutually faithful sexual relationship?</p> <p><b>If so, the IUD may be a good choice for you.</b></p> <p><input type="checkbox"/> Do you have more than one sex partner? Does your partner?</p> <p><input type="checkbox"/> Do you have painful or long menstrual periods?</p> <p><input type="checkbox"/> Would you mind touching your genitals to check the IUD strings?</p> <p><b>If so, the IUD may be a poor choice for you.</b></p>	<p><b>Should not be used by women who:</b></p> <p><input type="checkbox"/> have or might get STDs including HIV/AIDS; had an STD or pelvic inflammatory disease (PID) in last 3 months.</p> <p><input type="checkbox"/> might be pregnant.</p> <p><input type="checkbox"/> have unusual vaginal bleeding that suggests disease (until diagnosed).</p> <p><input type="checkbox"/> gave birth more than 48 hours but less than 4 weeks ago.</p> <p><input type="checkbox"/> have infection following childbirth or abortion.</p> <p><input type="checkbox"/> have cancer of a female organ or pelvic tuberculosis.</p>
Fertility Awareness-Based Methods	<p><input type="checkbox"/> Can you and your partner agree to avoid vaginal sex during the fertile time or else to use a barrier method or withdrawal?</p> <p><input type="checkbox"/> Do your religious or moral beliefs forbid other methods?</p> <p><input type="checkbox"/> Do you worry about side effects with other methods?</p> <p><b>If so, these methods may be good choices for you.</b></p> <p><input type="checkbox"/> Would charting cycles or noticing fertility signs be difficult?</p> <p><input type="checkbox"/> Would abstinence be difficult for you or your partner?</p> <p><input type="checkbox"/> Would you be very upset if you became pregnant?</p> <p><b>If so, these methods may be poor choices for you.</b></p>	<p><b>Generally, should not be used by women:</b></p> <p><input type="checkbox"/> if pregnancy would seriously threaten their health, unless other methods are not acceptable. For most couples, these methods are only somewhat effective.</p> <p><b>No medical conditions restrict use of these methods, but some conditions can make fertility signs harder to recognize:</b></p> <p><input type="checkbox"/> recent childbirth or abortion, breastfeeding, or other conditions affecting the ovaries, such as stroke, serious liver disease, thyroid conditions, cervical cancer.</p> <p><input type="checkbox"/> STDs or pelvic inflammatory disease in last 3 months, or vaginal infection.</p> <p>These affect cervical mucus.</p> <p><input type="checkbox"/> irregular menstrual periods (may make calendar method difficult or ineffective).</p>
Vaginal Methods	<p><input type="checkbox"/> Do you want a method a woman controls and can use when needed?</p> <p><b>If so, a vaginal method may be a good choice for you.</b></p> <p><input type="checkbox"/> Do you want a very effective method?</p> <p><input type="checkbox"/> Do you dislike touching your genitals?</p> <p><input type="checkbox"/> Would you sometimes forget the method or choose to ignore it?</p> <p><b>If so, a vaginal method may be a poor choice for you.</b></p>	<p><b>Generally, should not be used by women:</b></p> <p><input type="checkbox"/> if pregnancy would seriously threaten their health. For most couples, vaginal methods are only somewhat effective.</p> <p><b>Diaphragm or cap should not be used by women who:</b></p> <p><input type="checkbox"/> gave birth less than 6 to 12 weeks ago (proper fitting can be difficult).</p> <p><input type="checkbox"/> are allergic to latex.</p> <p><input type="checkbox"/> have unusually shaped cervix or vagina that keeps diaphragm or cap from fitting.</p> <p><input type="checkbox"/> have had toxic shock syndrome.</p>



# Is She Pregnant? Ask Questions to Find Out

A woman should try not to start certain family planning methods while pregnant.

Asking questions usually is enough to find out if a woman might be pregnant. Pregnancy tests and physical examinations usually are not needed, and they discourage clients.

**If the woman answers “Yes” to any of these 6 questions**, it is reasonably certain she is **not** pregnant. (Once she answers “yes” to a question, you can skip the other questions.)

- n** 1. Did she **give birth in the last 6 months**, **and** is **breastfeeding often**, **and** has **not yet had a menstrual period**?
- n** 2. Has she **abstained from vaginal sex since her last menstrual period**?
- n** 3. Did her **menstrual period start in the last 7 days**?
- n** 4. Has she been **using family planning effectively and** was her **last menstrual period less than 5 weeks ago**?

**n** 5. Did she **give birth in the last 4 weeks**?

**n** 6. Did she **have an abortion or miscarriage in the last 7 days**?

Source: Adapted from Family Health International and Technical Guidance/Competence Working Group.

**If the client answers “No” to all** of these questions, the woman might be pregnant; pregnancy cannot be ruled out. Has she noticed signs of pregnancy? If so, try to confirm by physical examination.

**If her answers cannot rule out pregnancy**, the client should either have a laboratory pregnancy test or wait until her next menstrual period before starting combined or progestin-only oral contraceptives, injectables, *Norplant* implants, IUDs, or female sterilization. She can use condoms or spermicide until then. If she wishes, she can be given oral contraceptives, too, with instructions to start them when her menstrual period begins.

## Tips on Counseling Young Adults

Often young adults face more and different reproductive health issues than older clients. Thus counseling young adults requires being even more open, more flexible, more knowledgeable, and more understanding. Counseling young adults can be challenging, but it can be very rewarding to help young people make wise and healthy decisions.

- **Be open.** Let young people know that no question is wrong, and even embarrassing topics can be discussed.
- **Be flexible.** Talk about whatever issues the young person wants to discuss.
- **Give simple, direct answers** in plain words. Learn to discuss puberty and sex comfortably (see page 6).
- **Be trustworthy.** Honesty is crucial to young clients. You—and the information you give—need to be believable. If you do not know an answer, say so. Then find out.
- **Stress confidentiality.** Make clear that you will not tell anyone else about the client’s visit, the discussion, or the client’s decisions.
- **Be approachable.** Don’t get upset or excited. Keep cool.
- **Show respect**, as you do for other clients. Do not talk down to young clients.
- **Be understanding.** Recall how you felt when you were young. Avoid judgments.
- **Be patient.** Young people may take time to get to the point or to reach a decision. Sometimes several meetings are needed.

### ***Young adults are special clients. Keep this in mind:***

- Young adults often need skills as much as facts. They need to learn how to deal with other people—including older people. For good reproductive health, important skills are knowing how to say no, how to negotiate, and how to make decisions.
  - Young people often want to know how social relationships and sexual relationships fit together. Often, this is more important to them than facts about reproductive health.
  - Young people often focus on the present. They find it hard to make long-range plans or to prepare for the distant future.
  - Young people often find it hard to understand the idea of risk or risky behavior.
  - Sexually active young adults often face more STD risk than older clients.
  - A young person’s sexual behavior may be forced or pressured—possibly by an older person.
  - A young person may have sex only once in a while.
  - A young person may plan not to have sex again but still do so.
  - Young adults of the same age may have very different levels of knowledge and different sexual attitudes, behavior, and experiences.
- t Suggested discussion:** How do these points affect how you counsel young adults?

<b>Long-Acting Injectable Contraceptives</b>	<p>Effectiveness: Very effective and permanent.* No STD protection.</p> <p>Injectables Depo-Provera (DMPA) and Noristerat (NET EN) stop ovaries from releasing eggs. A woman cannot become pregnant without an egg. They also thicken cervical mucus so sperm cannot pass.</p> <p>Effectiveness: Very effective when spaced 3 months apart (for DMPA) or 2 months apart (for NET EN).* No STD protection.</p>	<ul style="list-style-type: none"> <li>Private. No one else can tell that the woman is using contraception.</li> <li>Long-term yet reversible. Each injection lasts at least 3 months (DMPA) or 2 months (NET EN).</li> <li>The woman has to remember only to return for her next injection.</li> </ul>	<ul style="list-style-type: none"> <li>Usually not reversible.</li> <li>Changes in menstrual bleeding are normal—such as light spotting at first and no periods after the first year of use. (Some women consider no periods an advantage.)</li> <li>Some women gain some weight. (Some women consider this an advantage.)</li> <li>If stopping to become pregnant, average 4 months longer wait before pregnancy than after stopping other methods.</li> </ul>
<b>Norplant Implants</b>	<p>Small plastic capsules placed under the skin of a woman's arm slowly release a hormone. The hormone thickens cervical mucus so sperm cannot pass. Sometimes also stops ovaries from releasing eggs.</p> <p>Effectiveness: Very effective.* No STD protection.</p>	<ul style="list-style-type: none"> <li>Lasts at least 5 years; fertility returns when capsules are taken out.</li> <li>Nothing to remember. No need to do anything at the time of sex.</li> <li>Helps prevent iron deficiency anemia and ectopic pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>Changes in menstrual bleeding are normal—especially spotting or bleeding between periods. Some women have no periods. (Some women consider no periods an advantage.)</li> <li>Clinic procedure needed to start or stop use.</li> </ul>
<b>Intrauterine Device (IUD)</b>	<p>A small, flexible plastic frame, often with copper wire or sleeves on it. A health care provider inserts the IUD into the woman's womb through her vagina. The IUD stops egg and sperm from meeting.</p> <p>Effectiveness: Very effective.* No STD protection.</p>	<ul style="list-style-type: none"> <li>Effective prevention of pregnancy for as long as 10 years; fertility returns when IUD is taken out.</li> <li>No need to do anything at the time of sex.</li> <li>Can be inserted just after childbirth.</li> </ul>	<ul style="list-style-type: none"> <li>Many women at first have longer, heavier menstrual periods, bleeding or spotting between periods, or more menstrual cramps or pain.</li> <li>Clinic procedure needed to start or stop use.</li> <li>Pelvic inflammatory disease is more likely to follow STD infection if a woman is using an IUD.</li> </ul>
<b>Fertility Awareness-Based Methods (Including Periodic Abstinence)</b>	<p>A woman learns to recognize the fertile time of her menstrual cycle. To prevent pregnancy, a couple avoids vaginal sex during the fertile time or else uses a barrier method or withdrawal.</p> <p>Effectiveness: Effective if used correctly. Only somewhat effective as usually used.* No STD protection.</p>	<ul style="list-style-type: none"> <li>No physical side effects.</li> <li>Very little or no cost.</li> <li>Most couples can use these methods if committed to them.</li> <li>Acceptable to some religious groups that object to other methods.</li> </ul>	<ul style="list-style-type: none"> <li>More effective methods take 2 or 3 months to learn. Calendar method takes 6 months of recording cycle length before it can be used.</li> <li>Long abstinence may cause tension.</li> <li>Some methods may be less reliable or more difficult to use if woman is sick, has a vaginal infection, or is breastfeeding.</li> </ul>
<b>Vaginal Methods (Spermicides, Diaphragm, Cervical Cap)</b>	<p>A woman places a spermicide, or else a diaphragm or cap with spermicide, in her vagina before sex. Spermicides kill sperm or stop their movement. Diaphragms and caps keep sperm out of the womb.</p> <p>Effectiveness: Effective if used correctly and every time. Only somewhat effective as usually used.* Help prevent STDs.</p>	<ul style="list-style-type: none"> <li>Woman-controlled method for use when needed.</li> <li>May help prevent some STDs and conditions caused by STDs. Possibly some protection against HIV/AIDS, but this is not proved.</li> <li>No need to see a health care provider before using spermicides.</li> </ul>	<ul style="list-style-type: none"> <li>May cause irritation. Can make urinary tract infections more common.</li> <li>Woman must put method in vagina before every act of sexual intercourse.</li> </ul>

\*For chart on effectiveness in preventing pregnancy, see next page.

# Counseling Starts in the Community

Informing the community and counseling clients go hand-in-hand. The better that people can be informed *before* counseling, the better that counseling can help clients make informed choices that meet their needs.

## Why give community talks & hold group discussions?

- To inform many people at once. This saves time.
- To tell the community about services.
- To start people thinking about their choices even before they meet with a health care provider.
- To save time during counseling for addressing each client's needs and helping the client learn instructions.
- To answer questions that people are too shy to ask.
- To start a continuing discussion in the community.
- To create a common understanding among people. This helps avoid rumors.
- To make people aware of risky reproductive health behavior and to encourage safer behavior.
- To help people share their experiences and support each other's healthy decisions.

## When & where?

- When community groups meet.
- At workplaces and schools.
- At specially planned public gatherings.
- At other public events such as sports matches, fairs, exhibitions.
- While clients wait in clinics.

## Tips for talks & discussions

- Find out in advance who the audience will be, what they know, and what they want to know.
- Prepare. Know your goals, main points, and a few discussion questions. Plan your time.
- To begin, introduce yourself and the topic.
- Help people feel at ease. In a small group, you could start a short game or ask people to introduce themselves.
- Start discussion with clear, simple information.
- Use words that everyone understands.
- Use audiovisual materials (see page 22), including sample contraceptives if appropriate.
- Help keep discussion going. Keep eye contact. Encourage people to comment and ask questions. Ask "what" and "how" questions in a respectful way.
- Invite people to talk about their own experiences.
- If discussion strays from the topic, gently lead it back with an appropriate question.
- Summarize important points during the discussion and again at the end.

- At the end, suggest one important action that every person there can take—for example, each person can tell one other person in the community something important that they have learned.
- t **Suggested discussion:** List groups and places where presentations and discussions could take place. Discuss how to contact these groups, prepare presentations and discussions, and carry them out.

## Effectiveness of Family Planning Methods

This table shows how many women in every 100 women become pregnant during the first 12 months of using major family planning methods. Two rates are shown for each method. The rate shown under "As Commonly Used" is a typical, or average rate. Some couples do better than this, and others do worse. The rate under "Used Correctly & Consistently" applies to couples who follow the use instructions exactly and make no mistakes.

Family Planning Method	Pregnancies per 100 Women in First 12 Months of Use	
	As Commonly Used	Used Correctly & Consistently
Norplant implants	Less than 1	Less than 1
Vasectomy	Less than 1	Less than 1
DMPA and NET EN injectables	Less than 1	Less than 1
Female sterilization	Less than 1	Less than 1
TCu-380A IUD	Less than 1	Less than 1
Progestin-only oral contraceptives during breastfeeding	1	Less than 1
LAM (for 6 months only)	2	Less than 1
Combined oral contraceptives	6–8	Less than 1
Condoms	14	3
Diaphragm with spermicide	20	6
Fertility awareness-based abstinence	20	1–9
Female condoms	21	5
Spermicides	26	6
No method	85	85

Key to colors in table:

n Very effective (0–1) n Effective (2–9) n Somewhat effective (10–30)

For sources and further explanation, see Hatcher et al., *The Essentials of Contraceptive Technology*, Johns Hopkins Population Information Program, 1997, pages 4–18 and 4–19.



# Advising Without Controlling

Most clients want to make their own decisions with some advice or guidance from the provider. Two principles are important to giving advice:

- t Each client's wishes—and *not* the provider's wishes—determine how much advice to give. Different clients will want more or less advice.
- t Good advice helps clients make their *own* decisions. Good advice should *not* be controlling—that is, it should not make decisions for clients.

A provider *can* give advice and protect the client's right to informed choice at the same time (see page 15). (*Hint: Asking questions instead of making statements can help to avoid controlling.*)

Advising (Try This!)	Controlling (Avoid This!)
<ul style="list-style-type: none"> <li>🔧 Telling the client clearly that the decision is hers or his, while offering help, too: <i>"Together we can think through your decision, but the choice is yours."</i></li> <li>🔧 Helping clients think about the effects of their choices—both good and bad: <i>"The Pill gives some women upset stomachs at first. What if this happened to you?"</i></li> <li>🔧 Helping clients think about their own lives: <i>"With your schedule, what might remind you to take a pill every day?"</i></li> <li>🔧 Taking cues from the client: <i>"You said that you had several sex partners in the last year. This makes me think that you may need to protect yourself from STDs."</i></li> <li>🔧 Mentioning common experiences of other people like the client. Be balanced: <i>"With injectables, some women are happy when monthly bleeding stops, but other women avoid injectables for this reason."</i></li> <li>🔧 Respecting each client's decisions about their own lives: <i>"I understand that you must leave home and work in the city most of the time. Since that is so...."</i></li> </ul>	<ul style="list-style-type: none"> <li>- Giving advice when not asked: <i>"Well, if you want <b>my</b> opinion...."</i></li> <li>- Substituting your decision for the client's: <i>"If I were you, I would...."</i></li> <li>- Expressing personal judgments or criticism about the client's behavior: <i>"Doing that is wrong. You should know better."</i></li> <li>- Demanding a quick decision with no time to consider: <i>"That's the list of methods we have. Now which do you want?"</i></li> <li>- Stating the client's decision for her (or him): <i>"I am sure you don't want this method."</i> Instead, ask the client to state his or her own choice or wishes, and then reflect them back.</li> <li>- Using the words <i>should, always, must, and never</i>.</li> <li>- Cutting off the client: <i>"Time is short. Let's move on...."</i></li> <li>- Assuming that all similar people have exactly the same needs: <i>"You are not married, and all unmarried people need condoms for STD protection."</i></li> </ul>

## t Suggested exercises:

1. Try to name at least 2 more examples of advising and of controlling. Discuss the difference.
2. In role-playing, pretend you are a specific client choosing a family planning method (see page 18). First, a colleague advises you without controlling. Then another colleague tries controlling your decisions. Discuss how these different approaches made you feel. Also discuss how each approach might affect what a client would do.

# How to “Listen Actively”

- Accept your clients as they are. Treat each as an individual.
- Listen to *what* your clients say and also *how* they say it. Notice tone of voice, choice of words, facial expressions, and gestures.
- Put yourself in your client’s place as you listen.
- Keep silent sometimes. Give your clients time to think, ask questions, and talk. Move at the client’s speed.
- Listen to your client carefully instead of thinking what you are going to say next.
- Every now and then repeat what you have heard. Then both you and your client know whether you have understood.
- Sit comfortably. Avoid distracting movements. Look directly at your clients when they speak, not at your papers or out of the window.

---

## Countering False Rumors

*Asking clients what they have heard about family planning methods or STDs often turns up rumors.*

### What are rumors?

Unreliable information passed around the community, mostly by word of mouth. Rumors become widely known and are believed to be true, but often they are inaccurate or false. The original source is usually forgotten.

### Where do rumors about reproductive health start?

- Unintended mistakes when a person passes on what he or she has heard.
- Traditional beliefs about the body and health.
- Exaggerations to make a story more entertaining.
- Unclear explanation from health care providers—or no explanation at all.
- People trying to explain something that has no obvious explanation, such as an unexpected side effect.
- Errors or exaggerations in news reports or mass-media entertainment.
- Someone trying to hurt the reputation of family planning, other reproductive health care, or health care providers.

### Tips for dealing with false rumors that clients have heard:

- Clearly ask all new family planning clients what they have heard and what concerns they have about methods. These questions may bring out rumors.

- Explain politely why the rumor is not true. Also explain what *is* true in ways that the client understands.
- Find out what the client needs to know to have confidence in the family planning method, other reproductive health care, or the provider. Find out who the client will believe.
- Be aware of traditional beliefs about health. This awareness can help you understand rumors. It also can help you explain health matters in ways that clients can easily understand.
- Encourage clients to check with a health care provider if they are not sure about what they hear.

### Tips for dealing with false rumors in the community:

- Find a credible, respected person who can tell people the truth and counter the rumor. Community leaders and satisfied users can be especially good.
- Try to figure out why the rumor started. Perhaps a real event needs to be explained.
- If rumors are circulating or perhaps even appear in the news, your director can contact reporters and editors and help them learn the true story. Your director could offer to be interviewed or to make a broadcast. Also, your director could offer to help reporters check out any future rumors.
- Encourage people to check first with health care providers before they repeat rumors.

**t Suggested discussion:** Think of one family planning rumor you have heard and one STD rumor. How could these rumors have started? What could be done to counter these rumors?

# STDs and AIDS Information for Reproductive Health Clients

AIDS (Acquired Immune Deficiency Syndrome) is a deadly condition caused by the Human Immunodeficiency Virus (HIV). HIV is spread chiefly by sexual intercourse. Thus AIDS is a sexually transmitted disease (STD). Some other STDs are trichomoniasis, chlamydia, gonorrhea, syphilis, hepatitis B, and genital herpes. Clients need to know how STDs are spread and how to avoid them.

**Note:** Women and men with HIV infection can choose any family planning method so long as no other medical conditions limit their choice.

---

## How HIV and Other STDs Are Spread

*Explain these points to clients >*

- HIV and other STDs are spread by sex with someone who is already infected.
- HIV and some other STDs, such as hepatitis B, are also spread by blood from an infected person entering an uninfected person's bloodstream or by blood transfusions from an infected person.
- Most people who are infected with HIV or another STD do not look or feel sick. They may not know that they are infected. But they can still spread these diseases.
- Men and women with genital sores or infections are more likely to catch HIV or give it to other people. Other STDs can cause these sores or infections.
- A woman infected with HIV can pass it to her baby before birth or in breast milk.
- Explain the ABCs to all clients. (See below.)

---

## How to Avoid AIDS and Other STDs—Remember the ABCs

**A**bstain. The surest way to avoid AIDS is to abstain from sex. If not possible, then...

**B**e faithful. Have sex only with a partner who is not infected\* and who also has no other sex partners. If it is not possible to be mutually faithful, then use...

**C**ondoms. Use condoms *always*. Condoms provide considerable protection against HIV/AIDS and other STDs.

Use condoms to prevent STDs along with other family planning methods for extra pregnancy protection.

- Encourage people to talk with their sex partners about STDs and AIDS and to agree how to protect one another. In particular, women whose sex partners have other partners may need help and practice negotiating about sex and condom use.
- Offer the client condoms. If clients say they do not need condoms, ask them to take the condoms and give them to friends. Often they will use the condoms themselves.

---

## Encourage Prompt Treatment of STDs

Urge clients to seek STD care from a doctor or nurse if they have any of the following:

- A sore or sores on or near the genitals. Sores may be either hard or open; either painful or not painful.
- For men, discharge ("drip") from the penis, and urinating is painful.
- For women, unusual discharge from the vagina.
- For women, pain in lower abdomen along with sores or discharge: *See a doctor or nurse quickly*. These may be signs of pelvic inflammatory disease (PID).
- A sex partner with any of these signs or who might have an STD—even if the client has no signs of disease. Since women with STDs often have no immediate signs, they may need to be tested if they think they face high STD risk.

**\*Note:** HIV infection does not cause any of the signs listed above. HIV infection often has no obvious signs for many years.

Some providers can test clients for HIV. Clients need counseling both before and after the test. Providers need special training for this counseling.



# Meeting Counseling Challenges

*Here are some challenges that counselors often face, with suggestions about meeting them.*

## The client is silent.

- If the client is silent at the start of the meeting, gently call attention to the silence. You could say, “I can see that it is difficult to talk. It’s often that way for new clients. I wonder if you are feeling a little anxious?” Look at the client and use body language that shows empathy and interest. Wait for the client to answer.
- During discussion, silence can be okay. Sometimes the client is thinking or deciding how to express feelings or thoughts. Give the client time to think.

## The client cries.

- A client may cry for different reasons—to express sadness, to win sympathy, out of stress or nervousness, or to stop further discussion. Do not assume why the client is crying.
- Wait for a while, and, if crying continues, say that it is all right to cry—it is a natural reaction. This permits the client to express the reasons for crying. It is okay to ask the reasons gently.

## The counselor cannot see a solution to the client’s problem.

- Counselors may feel anxious if they are not sure what to advise. The counselor is a reproductive health expert but does not have to solve every problem for the client. Express understanding. Sometimes this is what the client really wants. Also, suggest others who could help.

## The counselor does not know the answer to a client’s question.

- Say honestly and openly that you do not know the answer but together you can find out. Check with a supervisor, a knowledgeable coworker, or reference materials, and give the client the accurate answer.

## The counselor makes a mistake.

- Correct the mistake and say you are sorry. It is important to be accurate. It is not important to look perfect. Admitting a mistake shows respect for the client.

- Be honest. The more honestly you express your own feelings when appropriate (without revealing your personal life), the easier for the client to do the same.

## Counselor and client already know each other.

- Emphasize confidentiality and ensure privacy.
- If the client wishes, arrange for another counselor.

## The client asks a personal question.

- In general, try not to talk about yourself. It takes attention away from the client.
- You do not have to answer personal questions. The relationship between client and counselor is a professional one, not a social one.
- It can help to talk about your own family planning experience if you wish. Or you can describe what happened to someone else, without using names or identifying them as other clients.
- Sometimes the client asks if the counselor has the same problem. It is best not to say yes or no. Instead, you can say something such as, “I’m familiar with that kind of situation. Please tell me more.”

## The client wants the counselor to make the decision.

- This client may actually be asking for help. You can ask questions such as these: “You seem to be having trouble reaching a decision. Perhaps you are not quite ready? Would you like to discuss this further? Do you need more information? More time to think? Would you like to talk this over with someone else—perhaps your spouse or your parents?”
- You can say, “I can answer your questions and help you think about your choices, but you know your own life best. The best decisions will be the decisions you make yourself.”
- If a client cannot decide on a family planning method now, provide condoms or spermicide for use in the meantime.

† **Suggested discussion:** Think of at least 2 more challenges and consider how to meet them.

## Six Principles for Good Counseling

*Adapted from: Murphy, E. and Steele Verme, C. Client-provider interactions in family planning services: Guidance from research and program experience. In: Technical Guidance/Competence Working Group. Recommendations for updating selected practices in contraceptive use. Vol. 2. Chapel Hill, NC, INTRAH, 1997.*

1. **Treat each client well.** All clients deserve respect, whatever their age, marital status, ethnic group, sex, or sexual and reproductive health behavior. (See page 4.)
2. **Interact.** Each client is a different person. Ask questions, listen, and respond to each client’s own needs, concerns, and situation. (See page 5.)
3. **Give the right amount of information**—enough for the client to make informed choices but not so much that the client is overloaded. (See page 7.)
4. **Tailor and personalize information.** Give clients the specific information that they need and want, and help clients see what the information means to them. (See page 7.)
5. Unless a valid medical reason prevents it, **provide the family planning method that the client wants.** (See page 9.)
6. **Help clients remember instructions.** (See page 11.)

# Check Your Counseling Skills 3

Rate yourself on skills for each GATHER step. Also, you can ask a colleague to watch you (with the client's permission) and check your skills. Study tip: Try to improve one step each week for 6 weeks, until all steps are improved.

You can enter your ratings in the spaces provided below:

0 = Never 1 = Sometimes 2 = Often 3 = Always

These numbers can be added up for a total score and scores on each GATHER step.

## GREET — Did you:

- Welcome each client on arrival?
- Meet in a comfortable, private place?
- Assure the client of confidentiality?
- Express caring, interest, and acceptance by words and gestures throughout the meeting?
- Explain what to expect?

## ASK — Did you:

- Ask the client's reason for the visit?
- Encourage the client to do most of the talking?
- Ask mostly open questions?
- Pay attention to *what* the client said and *how* it was said, and follow up with more questions?
- Put yourself in the client's shoes—understand without expressing criticism or judgment?
- Ask about feelings?
- Ask the client's preferences? (For example, what method?)
- Find out about need for STD/HIV prevention?

## TELL — Did you:

- Start discussion with the client's preference?
- Tailor and personalize information?
- Give information important to the client's decision?
- Avoid "information overload"?
- Use words familiar to the client?
- When discussing family planning methods, cover effectiveness, advantages and disadvantages, and STD protection?
- Use samples, drawings, or other counseling aids?

## HELP — Did you:

- Let the client know that the decision is hers (or his)?
- Help the client identify the full range of possible choices?
- Help the client think how the various choices would affect her or his own life?
- Advise without controlling?
- Let the client decide?
- Ask the client to state her or his decision?

- Reflect the client's decision to confirm it?
- Make sure the client's choice is based on accurate understanding?
- List any medical reasons for making a different method choice, and check if the client has any of these conditions?

## EXPLAIN — Did you:

- Provide what the client wants, if no medical reason not to?
- For a family planning method, explain: How to use? Effectiveness? Side effects? Specific medical reasons to return?
- Explain and show how to use the method?
- Check the client's understanding?
- Ask for any questions?
- Provide supplies?
- Explain any printed instructions and give them to the client?
- Discuss STD prevention, and give condoms if needed?
- Discuss emergency oral contraception?

## RETURN — Did you:

- Plan the next visit, if needed?
- Invite the client to come back any time, for any reason?
- Refer the client for any care you cannot give?
- Thank the client for coming and invite the client to

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# Welcome, Clients, To This Health Facility!

## You can expect ...

### As a client here, you deserve:

1. **Dignity** — To be treated with courtesy, consideration, and respect.
2. **Information** — To know the names of the people who serve you, to learn about reproductive health choices, and to have all your questions answered honestly and accurately.
3. **Access** — To get services regardless of sex, creed, marital status, ethnic group, or age.
4. **Choice** — To decide freely whether or not to have children, whether to practice family planning, and to pick the method. To decide for or against any treatment. Also, to change your mind and make new choices when you want.
5. **Safety** — To be able to practice safe and effective family planning.
6. **Privacy** — To have counseling that others do not overhear or interrupt.
7. **Confidentiality** — To know that personal information will not be repeated to others.
8. **Comfort** — To be put at ease.
9. **Continuity** — To receive services and supplies as long as needed.
10. **Opinion** — To express your views about the services.

## You can help ...

### You can receive the best care if you:

1. **State your wishes** clearly.
2. **Ask questions** to get the information you need and make sure you understand. You can think ahead about your questions.
3. **Describe your medical history** truthfully, including any changes in health.
4. **Follow instructions.**

Source: Adapted from IPPF.

*When you have questions...please **ASK!***

*When you have problems...please **SPEAK UP!***

*When you like what happens...please **SMILE!***